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THE MEDICAL UNION

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Of Medicine, Surgery, and the Collateral Sciences.

EGBERT GUERNSEY, M. D.
JOHN C. MINOR, M. D.
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MEDICAL UNION.

BY A. K. GARDNER, M. D.

IS it necessary for me, in commencing an article in the initial number of a new magazine, one of whose aims is to re-unite the profession, and to contribute to whose columns I have the honor of being invited—is it necessary for me to say to my friends, the profession and the community, that I am unchanged in belief and practice, differing in no respect from what I was when a member of the New York Academy of Medicine, unchanged save in toleration? What the Christians of Catholic Rome—what the Protestants of more recent days—what the Pilgrim Fathers, even, never learned,—respect for the honest opinions of those who differ; this I have learned.

Hahnemann and his followers, I believe, looked only at one side of the shield and saw it to be silver, while the rest of the profession, from the opposite stand-point of their fathers, saw it to be golden; both were right, but the wrong existed in the want of respect, each for the opinions of the other.

I have not attempted to accurately examine the claims of homœopathy, for several reasons. First, one does not easily, starting with a prejudice, see or learn new things, and especially at my age, commencing a new half century. Next, it would not be honest to hold opinions not acted upon, or *politic* to change professions, when it might be thought that such a change was forced, or considered desirable under the pressure of circumstances. I have therefore remained where I was, with my views unchanged—except in the estimate which I have of those professing and practicing homœopathy. I am free to confess that the "regulars" do not possess in New York men of more honesty, respectability, literary and scientific culture, than are found in the ranks of the homœopathists, nor can I believe any meaner, smaller, or more ignorant, can be found among the "homœopaths" than among the members of the New York Academy of Medicine; and I cordially endorse the professions of the editors of this journal, whose aim is to unite the factions, and hereafter to know but one class of men—physicians—educated, honest and faithful to their duty to heal the ills of mankind in the best manner that they can.

It seems to me, that in no way can we help this movement better than by carefully—so far as opportunities offer—examining and recognizing the discordant views of the diverse parties. Now, the statement of *Similia Similibus Curantur* has been held as an exclusive dogma, and, till quite recently, has been sustained as the only principle of practice; but to-day the advanced and progressive homœopathists hold this not as an exclusive dogma, but as a fact holding good in many instances.

Till lately, the "regulars" have denied *in toto* this claim, giving it no place in their theories. I propose to show that this much-quoted saying has some instances of truth, observed in my own experience. The meaning of this axiom is, that a medicine which, taken in large (or poisonous) doses, will produce certain symptoms, when taken in much smaller and appropriate doses, will cure like symptoms of disease. For instance, it is observed by the homœopathic practitioners that corrosive sublimate in large doses causes large, bloody, slimy stools, and they say that *under this law* corrosive sublimate in small doses is the appropriate theoretical remedy for dysentery, and that, practically, it is a curative one. Of this statement I know nothing; but I have some similar facts of a nature to corroborate these views, one of which I will briefly give.

Some years ago I had for a patient a woman engaged in house-cleaning, some three to six months pregnant. While engaged in whitewashing, she so strained herself that she brought on uterine hæmorrhage, and a miscarriage was imminent. I ordered rest, administered some morphine, etc. This checked all pains and flowing, so long as under their influence, but they recommenced immediately upon their being omitted. After some days the woman said that she could not lay abed any longer, for it was starvation for her children, and thinking that further attempt to arrest its coming was useless, I gave her Tinct. Secale Cornut., in half tea-spoonful doses, to further stimulate the uterus to expel the ovum. But what was my surprise to find, with every dose, greater amelioration of the pains and flow soon entirely ceasing, so that she went on to full time.

Since that date I have had repeated floodings, apparently threatening abortion, entirely checked by small doses of the remedy.

Some fifteen years ago, I was called as expert witness by the defence. A man had been sued for damages to mother and deformity to child, caused by his kicking a woman when four months pregnant, and in defence he set up that the injury (some deformity and general debility) was owing to the mal-administration of ergot by the attending physician, who had found that the tonic influence of this

drug, in small doses, had warded off a threatening miscarriage, and had enabled her to carry the child until full time. The defence was not sustained, but the ergot was deemed properly applied, and its benefit was markedly evident.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

By William N. Guernsey, M. D.

Epidemic Cerebro-Spinal Meningitis has been recognized as a distinct disease during the past century. Some authors claim that there were epidemics of this disease in the preceding one, and a few endeavor to prove that it prevailed even in the remote period of the fourteenth century. These had only imperfect histories of symptoms to base their statements upon; and as at that period various infectious diseases were often confounded with Meningitis Cerebralis, and when we remember that in more modern times typhus fever was not shown to be a distinct disease from typhoid until 1836, we cannot place much credence in their researches.

In the present century there have been four periods of epidemics. The first commenced in 1805, and terminated in 1816; the second occurred between 1837 and 1850; the third, from 1856 to 1866; and the last commenced in the winter of 1871 and extends to the present time.

The first epidemic was of eleven years' duration, and prevailed in Prussia, Holland, Rhenish Germany, Bavaria and the eastern portions of France. It was the most extensive in the latter country, and to the French authors we are indebted for the earliest histories of this disease. In 1806, one year later than the commencement of the European epidemic, cases were first reported in America at Medfield, Mass. Thence it spread throughout New England and Canada, and a few cases also occurred at the South and West.

The second epidemic commenced in 1837, and lasted about thirteen years. It was severer and far more extensive than the previous one. For the first two years it was limited to France, and then extended to Italy and Algeria, and until 1850 these countries were not free from it. In 1849 it visited Spain.

Also, the disease designated and described by Dr. Robert Mayne as Cerebro-Spinal Arachnitis, which broke out in the work-houses in Dublin, in 1846, was probably identical with the epidemic prevailing on the Continent.

In 1842, it broke out in the south-western States of the Union, and afterwards prevailed simultaneously in isolated places there, at the West, and in Pennsylvania and New York.

From 1850 to 1854 this disease ceased to be heard of, when suddenly the third epidemic commenced with unusual severity in the south of Scandinavia, and during the next six years it extended to the northern portion. In 1860 it broke out in Holland, and in 1863 in Northern Germany, which had hitherto almost completely escaped this epidemic. Here it spread very widely, and lasted until 1866. About the same time cases were reported in Russia, in Ireland, and a few isolated ones in England —although in the latter country it has never prevailed epidemically.

In our own country it first manifested itself at this period in the winter of 1861–62, amongst our troops, stationed in Virginia and in Missouri. It recurred the three succeeding winters at portions of the South, and in some of the hospitals at the North.

About the beginning of the present year it broke out epidemically for the first time in New York, although isolated cases of spotted fever were reported in 1871. It prevailed quite extensively during the winter and spring, and also in sections of this State and in Pennsylvania.

The first series of recognized cases reported to our Metropolitan Board of Health were on the 6th of January. From then to May 31st, there were 632 cases reported to the City Sanitary Inspector, and 469 deaths to the Bureau of Records. Undoubtedly, many more cases occurred which failed of being reported, as many physicians were at first not familiar with the disease, nor cognizant of the necessity of reporting cases to the Health Board.

The most common synonyme of this disease is spotted fever, which was given to it by the physicians of this country during the first epidemic here. Another is petechial fever. North, in 1809, designated it the malignant spotted fever, and Lyons, the black fever, which is still a popular name for it in some localities. All of these seem quite inappropriate, as the eruption is often wanting, and they convey no idea of the nature of the disease.

Little is known of the kind of the poison from whose pernicious influences emanated these epidemics that usually occurred simultaneously in localities far remote from one another. That there is not simply an idiopathic inflammation of the cerebro-spinal membranes, the anatomical appearances clearly prove, as in the suddenly fatal cases often but little pathological changes are apparent. Many writers have endeavored to trace the cause to excessive cold, as most epidemics have occurred in the winter season. Mannkopf, of Berlin, however, says that the average temperature of the months in which the epidemic prevailed, was not below that of corresponding ones in many preceding years.

That it may be dependent upon a miasmatic poison, is suggested from the extension of the epidemic to places not contiguous to each other. Yet, the localities themselves have afforded no clue to the nature of the poison.

The mountains, the plains, the dry, arid spots, the well-watered verdant valleys, and the humid marshes, are all alike frequented by this disease.

It visits city as well as country, and stalks alike in palatial residences, and dirt-begrimed hovels. Salubrious mountain villages are often as severely stricken as the badly-drained, filth-reeking portions of some of our cities.

In our recent epidemic, a very large proportion of the cases have been reported, however, from the poorer wards of the city, and our Health officer says, in his report, that wherever the local conditions have been carefully examined, it has been found that the drainage of the premises has been faulty, or that the immediate surroundings have presented such conditions as must necessarily give rise to some form of disease. He deduces from his observations that there can be no doubt that, overcrowding, with its attendant evils, accumulations of ordure, refuse, and various kinds of filth,

absence of a proper supply of pure, fresh air, and personal neglect, invite and aggravate certain epidemic tendencies; and consequently we find, on examination of a map indicating the localities where cerebro-spinal meningitis has prevailed, that the largest proportion is to be found where these conditions obtain.

Yet, in many of the European epidemics, no intimate relation existed between filth, poverty, immorality and absence of good hygienic conditions, and the outbreak or extension of this disease. Viesseaux says, that in Geneva it attacked, equally, all ranks, both rich and poor; those in narrow, dirty and crowded rooms, and dwellers in mansions, who were sole occupants of spacious and airy chambers. Mannkopf observed the same conditions in the epidemic in Berlin. The French speak of its greater prevalence amongst the well nourished, and those living under favorable sanitary conditions.

Although from reviewing the histories of past epidemics, cold, want, dissipation and vice cannot be classed together as exciting causes, yet they undoubtedly prepare a fertile ground for the reception of the seeds of this as of other epidemic diseases.

During the past winter, small-pox was epidemic here and throughout the Middle States. It spread widely, and was unusually fatal. Also typhoid fever was rife, and typhoid symptoms complicated nearly every inflammatory condition. Malignant scarlet fever and pneumonia, of an asthenic type, were unusually prevalent.

The winter was very severe, and there was only a slight fall of snow.

Although the disease is not directly traceable to atmospheric or telluric influences as exciting causes, yet its concomitance with other epidemics of an adynamic character, leads us to suppose that the specific poison of the disease is only engendered at those periods when zymotic diseases are widely prevalent and highly fatal. To what derangement of the vital stimulants are due these depressing periods?

Dr. Knapp, of Mexico, has recently brought forward the theory that the periodical increase of planetary attraction, which occurs when the superior planets make their perihelion circuits, is the cause direct and indirect of the inauguration of epidemics, or recurrence of the so-called pestilential periods.

He writes, if the sun and moon disturb earth, ocean and atmosphere, by their force of attraction, elevating immense tidal waves thereon, with increase of gravity in the atmosphere appreciable by the barometer, and if the mass of Jupiter is by far the most influential element in the planetary system after that of the sun, and Saturn the next, surely Jupiter's and Saturn's periodical approaches in making their perihelion circuits must affect the earth and the organized existences on its surface to a considerable extent or degree, by their increased attraction of gravitation and disturbance of its atmosphere, and the natural vital stimulants of all organized life.

The blights in vegetation, which invariably precede and accompany epidemics, he attributes to the derangement of the usual supply of the stimulus furnished by gravity, and asserts that the pestilential periods are always coincident with the perihelia of the large superior planets, especially of Jupiter and Saturn.

According to his illustrations, the gravity of the first epidemic coincided with the perihelion of Jupiter in 1809; that of the second, with the commensurate perihelia of Jupiter and Saturn, which coincided also with the ship fever epidemic of the Irish famine years, from 1845 to 1849, when they culminated in cholera. Our last epidemic would have coincided with the perihelion passage of Jupiter in 1868, and as he is about six years in making his perihelion circuit, his influence would be distributed over that time.

In giving Dr. Knapp's theory, I would not infer that I fully subscribe to it, but think it quite plausible; and as we have hitherto confined our almost fruitless researches for the causes of pestilential periods to objects around us, it would be well to study the effect of planetary attraction upon the growth and welfare of terrestrial organisms.

The disease usually strikes the robust and strong in preference to the effeminate and sickly. Males are generally more liable to it than females; in Massachusetts and in France the percentage of the former, who were attacked, was fifty greater than the latter. In some epidemics the majority of the sufferers were children, in others both children and adults were affected.

It is met both in civic and military life; in some countries having been limited almost exclusively to the army, and in others, again, the civic classes have been the only sufferers.

Post-mortem:—In recent cases there is no emaciation of the body, and rarely cadaveric rigidity of the muscles. Suggilations are absent, and, excepting the remnants of herpetic or petechial eruptions, there is rarely any discoloration of the skin. In protracted cases emaciation is extreme, and the skin is dry and scaly.

The scalp is vascular, and the cranial bones are often injected. The dura mater cerebri is injected, and sometimes tensely stretched. The longitudinal sinus is filled with dark fluid blood. The dura mater of the spine is also generally vascular, more often tense than that of the brain, and its sack frequently contains a serous effusion. Seldom is purulent matter found mixed with it. Frequently the dura mater is adherent to the pia, either in points or over a considerable extent. But the pia mater of both the brain and the cord is the seat of the most extensive changes. It is always hyperæmic, sometimes dry, and is the seat of an exudation, which forms the most prominent and characteristic pathological condition.

This exudation takes place principally at the base of the brain, and on the posterior surface of the cord. It does not cover the latter uniformly alike, but is greatest either at the cervical portion or on the canda equina. In the earlier stages of the lighter forms there is subarachnoideal serous effusion containing flocculi of lymph and pus cells. In severer cases, the exudation is cloudy, grayish, and of a gelatinous consistence. In the severest forms, pus is freely poured out, and forms thick masses of firm consistence, and although most abundant at the base, the whole surface of the brain participates in the inflammation, presenting in its different parts all the various stages.

Thus, when at the base, the changes are such as were last described; the sides are clouded or of a

light yellowish color, and the convexity is dry and hyperæmic. The exudation penetrates into the fossa sylvii, and is very abundant about the chiasm.

It is present also on the anterior surface of the spinal cord, although to a much less degree than on the posterior. In long protracted cases there is comparatively little purulent exudation; but the pia is relaxed and greatly thickened. The exudation is midway in nature between the pure purulent exudation of simple meningitis and the sero-purulent of the tubercular form.

Most authors say that the purulent exudation is always present at the basis cerebri in rapidly fatal cases; the *meningite fondroyante*. It has been denied by a few, and they claimed its absence denoted an intensely powerful infectious poisoning of the system.

Microscopical examination shows a proliferation of the connective tissue cells in the pia, and in the tunica adventitia of the arteries.

The brain substance and the spinal cord are hyperæmic—in the former both gray and white substance are highly vascular, and the white portion is dotted with points of injection, and frequently of red softening. The lateral ventricles are frequently distended with a reddish colored serum. The roots of the nerves are surrounded by the infiltration, and on microscopical examination, we find in the surrounding connective tissue an extensive growth of cells, which penetrate between the bundles of nerve fibres separating them from each other.

The muscles are of a dark brown red color. The heart is relaxed, often of a grayish yellow color, and sometimes shows, microscopically, fatty degeneration. The lungs are commonly hyperæmic, and evidences of œdema or broncho-pneumonia are often present.

Most writers speak also of a hyperæmic condition of the intestinal canal, especially of the peyerian patches; but as calomel and other cathartics were generally liberally given during the course of the disease, it was probably induced by the treatment adopted. The liver and spleen are often softened, and the latter is frequently enlarged. In all cases the kidney is injected, and its cells clouded.

In no other disease, perhaps, do the single cases present such varied and strongly contrasting pictures of symptoms which often confuse the physician, and, as in the Ketchum poisoning case, place them unfavorably before the laity. Many authors have made many divisions and subdivisions of the disease; but I prefer simply three, classifying the very acute cases under meningite fondroyante, and the lightest under the abortive.

The disease is ushered in by a chill and a violent headache, which is frequently accompanied with vomiting.

The chill is of variable duration, often repeated, and followed by a fever of moderate intensity. The headache is persistent, and the pain soon extends to the neck and spinal column. The spine becomes exceedingly sensitive to pressure. Early the head is drawn backwards, the muscles of the neck become stiff, and frequently opisthotonos occurs. The mind is ordinarily clear until now, when it gives way to delirium, which, in severe cases, soon yields to coma.

The pulse is frequent, but not so rapid as in the infectious diseases. The temperature is only slightly elevated, never rising higher than 103°, Fahrenheit. There is slight increase of thirst, and at first loss of appetite. The eyes are occasionally suffused, and the pupils generally contracted. Deafness of a variable degree is quite common. The face is usually slightly suffused, and presents an apathetic or anxious look. Slight bronchial catarrh is generally concomitant. The abdomen is sunken, and in grave cases its surface has a canoe-shaped appearance. Obstinate constipation is almost always present; and, as the derangement of the sensorium occurs, the urine is retained or involuntarily emitted.

Severe neuralgic pains are common in the extremities and are due to the irritated condition of the posterior roots of the spinal nerves. Herpetic or petechial eruptions frequently appear—the former around the mouth, on the cheeks or on the ears, and the latter upon the trunk.

The symptoms increase in severity until the acme of the disease is reached, and after a variable period of time convalescence commences, which is slow, protracted, and liable to many variations. Relapses are frequent, and often terminate fatally. The disease has no day of crisis, and is variable in duration. In meningite fondroyante they die within the first two days, and frequently within a few hours. In these rapid cases many of the objective symptoms are wanting; the tetanic spasms may be absent, as the patient dies from general paralysis. In cases of moderate intensity, there is frequently an abatement of the severity of the symptoms at the end of the first week or during the second; but convalescence may be protracted.

Authors speak of an intermitting form. In our last epidemic it occurred frequently either in the first stages or during convalescence. In the former variety it generally assumes a quotidian type, the symptoms persisting more or less clearly during the greater portion of the day, yet are followed by complete remissions. After continuing thus a few days the remissions cease, and the disease becomes more violent. Quotidian exacerbations of variable severity occasionally occur during convalescence, prolonging the disease greatly. Death usually results in the early stages either from asphyxia or general paralysis, and in the protracted cases from marasmus.

In order to present a more complete history of the symptoms, I will speak of them singly, and mention their chief peculiarities.

The headache is the most prominent and distressing symptom. It is always present, excepting in the fondroyante form, where the disease suddenly overwhelms the patient, and he passes off in coma. Patients speak of it as a boring, throbbing pain, extending over the whole head, but most severe in the occipital region. Even in coma it is probably present, for the patient, with an anxious, suffering look, tosses his arms, and points and strikes continually at his head.

The delirium is variable. Frequently it is low and muttering, at other times the patient talks excitedly, and in an incoherent manner. During the day the intellect is often clouded, the patient only answering questions when aroused, and relapsing immediately afterward into a stupid condition. At night this yields commonly to delirium. Another common symptom is the pain in the spinal column. Patients complain of a full, tense feeling, and a burning pain in the cervical portion, and fre-

quently, also, in the lumbar region. It does not usually appear until the second or third day of the disease. It is increased by pressure upon the spine, and aggravated by motion of it. The nodding of the head is especially painful, and even in the lightest forms the patient refrains from it.

Hyperæsthesia of the skin is often present in the early stages. The sensitiveness of the patient to being touched or handled, affords an important diagnostic sign in differentiating this from infectious diseases. Anæsthesia occurs rarely while the intellect is unclouded. It is supposed to arise from the loss of sensibility of the posterior roots of the nerves as a result of the inflammatory changes.

Groups of muscles are commonly highly sensitive also in the first stages of the disease. The muscles of the neck and back are most frequently affected, and often those of the extremities.

The tetanoid phenomena are generally present in all cases, and occur early in the disease. Although indicating inflammation of the spinal meninges, their absence is no proof that inflammatory changes do not exist. The head is firmly drawn back upon the neck, and the back is curved, producing marked opisthotonos. The patient lies, in consequence, upon the side, or frequently, in marked cases, upon the abdomen. Clonic spasms are sometimes present. Paralysis of some of the muscles of the eye occasionally occur, but rarely the extremities are affected. The obstinate constipation which is universally present, and the frequently occurring retention or incontinence of the urine are due to disturbances of the motor nerves.

Patients not unfrequently become blind from purulent choroiditis, probably arising from metastasis. Dr. Knapp says this affection begins usually in the first week of the disease, and that the sight is generally lost.

Deafness is remarkably frequent, and arises, in all probability, from a purulent inflammation of the labyrinth, by which the membranes of the inner ear are destroyed in a similar way as the membranes of the eye, by the purulent choroiditis.

The symptoms presented by the digestive organs are not prominently marked. The tongue is commonly covered with a creamy-like fur, and is sometimes reddened at the edges. Sordes never form to any extent. The appetite is commonly wanting at first, but later on there is often an unnatural craving for food. Vomiting occurs at the outbreak of the malady, and frequently during the latter stages. It arises from the disturbed condition of the brain, and is excited rather by motion of the body than by presence of food.

The urine is variable in quantity, usually less than normal, and often contains traces of albumen and a few epithelial casts. In some cases, the joints are swollen and inflamed, the knee being most frequently affected.

As a consequence of the bronchial catarrh, the breathing is labored and rapid, and when the tetanic symptoms are strongly marked, the respiration is much oppressed.

The eruption is not always present. European authors speak only of its occasional occurrence. American writers vary as to the ratio of cases in which it appears. Stille, of Philadelphia, says that 62 per cent. of the cases under his observation had eruptions of some sort.

In our recent epidemic it was frequently present, but not in the majority of the cases.

I have met with the herpetic and petechial varieties only; but in previous epidemics the exanthematous and urticarial were also frequently seen.

The fever varies greatly in intensity and duration. The temperature is generally only slightly elevated, and presents no regular curves as in the infectious diseases. Generally it ranges from 99° to 102°, and in fatal cases it may reach 103°. The pulse is weak, feeble and thready, and does not correspond to the temperature in frequency. Often, it is retarded, and sometimes falls below its normal condition. When convalescence occurs it does not approach the healthy standard so rapidly as the temperature.

This disease has often been confounded with typhus and malarial fevers. If the difference of the anatomical appearances of cerebro-spinal meningitis and of typhus is kept distinctly in view, the symptoms of inflammation of the meninges will be rarely confounded with those of the latter disease.

In cerebro-spinal meningitis there is the severe, throbbing darting headache, characteristic of meningeal inflammation; in typhus it is dull and heavy. In the former disease, delirium, when present, occurs early; in the latter, not until the headache commences to subside, and rarely before the end of the first week. In the first disease the eruptions are not constant, and appear on the first or second day; in typhus, not until between the fifth and seventh. The meningitis is not contagious, the typhus highly so.

Cerebro-spinal meningitis occurs in all ages, but more frequently in children, while typhus is almost exclusively limited to adults. In one, we have a moist tongue, persistent vomiting, tetanic spasms and hyperæsthesia. In the other, the sordes, tremulousness and blunted sensibility are characteristic. The pulse, temperature, course and duration of the two diseases vary greatly.

Between epidemic cerebro-spinal meningitis and malarial fever, the vomiting, the low temperature, the hyperæsthesia, the eruption, the pain along the spinal column, and the utter failure of quinine in arresting the intermittent symptoms will differentiate the former disease from the latter.

The prognosis varies according to the type of the epidemic, and with the period of each. At the commencement, the meningite fondroyante is frequent; in the latter part, the abortive.

In the epidemic of Germany from 1862 to 1866, the mortality ranged from 40 to 55 per cent., and in some of the earlier ones it reached as high as 80 per cent. In our city hospitals 30 per cent. have died. It is difficult to foretell the result of any case, as many commencing with light symptoms often end fatally, while those ushered in with all the graver phenomena frequently recover. After convalescence seems well established, there are frequently fatal relapses. We may consider as unfavorable symptoms, great depression, sudden coma, jactation, reappearance of protracted vomiting, and the petechial eruptions. Cases occurring among children and the effeminate, afford a better prognosis than those among the strong and robust.

I now enter, with pleasure, upon the consideration of the treatment of this disease. We have seen that under allopathic treatment the ratio of deaths has

never been less than 30 per cent. I have taken much pains to obtain statistics of the mortality of this disease under homœopathic treatment, and the result of my researches shows that less than 10 per cent. of our cases end fatally.

Our allopathic brethren rely principally upon cold applications to the head and spine, and opium in massive doses to quiet the delirium, relieve the headache and remove coma. Some use, recently, bromide of potassium instead of opium. Calomel and iodide of potassium are frequently given.

Our treatment has been in the forming stage, cold applications to the head and nape of the neck, and the administration of gelseminum alone or with belladonna internally. If the disease assumes a sthenic, inflammatory type, we have substituted aconite for the gelseminum. As soon as the spinal symptoms appear, we alternate secale with gelseminum. To relieve the coma, we rely upon opium. Even our allopathic friends regard opium as their sheet anchor, and have gone so far as to call it a specific for this disease. They speak of it "as a most powerful agent in removing the deepest comas which were not absolutely irrecoverable," and recognizing its efficiency in the treatment of one symptom, give it empirically for all. Conium acts favorably in relieving jactation. For promoting absorption, mercurius biniodide is deservedly a favorite remedy.

In the long protracted cases, where emaciation is extreme, phosphorus and nux are serviceable. In these cases inunctions of cod liver oil are highly beneficial. The purulent choroiditis and the deafness are irremediable.

No. 18 West 23d Street, N. Y.

RESECTION OF THE INFERIOR MAXILLA, FOLLOWED BY COMPLETE REPRODUCTION OF THE BONE.

A CASE OF ACUTE NECROSIS FOLLOWING THE USE OF ARSENIOUS ACID FOR DENTAL PURPOSES—MERCURIAL SALIVATION PRODUCED BY AN AMALGAM FILLING.

By John C. Minor, M. D.

On the 10th of February, 1871, I was called to attend the case of Mrs. B. She was 27 years old, a widow, and her health, prior to her present illness, had always been excellent. The most careful examination showed her to be entirely free from scrofulous or syphilitic diseases, either hereditary or acquired. I found her in bed too much prostrated to sit up, her complexion sallow, expression anxious, pulse 120 and weak, the perspiration standing out in great beads on her forehead, her face swelled and her body emaciated. She was profusely salivated, her breath was horribly offensive, and an attendant was constantly occupied in wiping away the secretion that streamed from her mouth. An examination of the mouth revealed necrosis of nearly the entire lower jaw. Nearly all the teeth had fallen out or been removed; the tissues around the jaw were thickened and vascular; the parts adjacent were bathed in fœtid pus that constantly exuded from the sockets, and a probing of the bone revealed an extension of the necrosis from the articulation on the left side to a point within an inch-and-a-half of the articulation on the right side. Her strength was rapidly failing and her condition a most unfavorable one for the success of any operation; but I nevertheless advised an immediate removal of the bone as the only chance of saving her life, and this opinion was concurred in by the attending physicians. Accordingly, upon the following day, February 11th, 1871, I removed the jaw. Drs. T. F. Allen, F. E. Doughty, Belden, Jernegan, Allan and Fitch were present, and rendered valuable assistance.

Operation.—The patient was placed in an oculist's chair and chloroform administered. When she was fully under its influence, I drew the tissues forward from the neck upon the bone, so that the resulting scar should be hidden behind the folds of the cheek and chin, and then, with a few rapid strokes of the knife, I divided the tissues down to the bone. This first incision began about half an inch in front of the articulation on the left side, and then followed the inferior border of the bone to the symphysis menti. The hemorrhage was controlled by pressure alone, the facial artery being of such small size that no ligature was required. My second incision was simply a prolongation of the first, extending it, as before, along the inferior border of the bone to a point an inch below the articulation on the right side. At this point the knife struck a smoother surface of bone and I stopped my incision where the disease seemed to have terminated. The right facial artery was now seized and tied, and I proceeded to separate the dead bone from the periosteum and surrounding tissues. This was done, as far as possible, on both sides before the muscular attachments of the tongue to the symphysis were disturbed. A ligature was now passed through the tip of the tongue and given in charge of an assistant, and the muscles of the tongue divided at their point of attachment to the bone. A chain saw was immediately passed around the bone, and section made through the middle of the symphysis. A considerable quantity of fœtid, grumous pus immediately followed this section, pouring out of the dental canal which had been filled with the matter.

Grasping the left half of the bone with the lion forceps and using the handle of my knife, the bone was readily enucleated from its investing periosteum, and a slight twist disarticulated it so that the ligaments were easily divided by the blunt scissors, and the bone removed. The coronoid process broke off, however, during these manipulations and immediately retracted. I seized its lower border, removed all I could get away with the gouging forceps and allowed the rest to remain. The right side of the jaw was now attacked in the same manner; the ramus divided with the chain saw, an inch-and-a-half below the articulation, and all below the point of division brought away. A considerable collection of pus was detected in the left side of the neck, burrowing its way down behind the platysena; this was evacuated by a free incision from without. The wound was now carefully cleaned, and an examination showed the periosteum to have been most carefully preserved. Silver sutures were used to unite the edges of the wound, and a hare-lip pin was inserted so as to hold the muscular attachments of the tongue in position. A dressing of soft tow was applied; this was supported in position by a bandage passing around the patient's head, and she was then placed in bed with a trusty nurse stationed beside

her in charge of the ligature that held the tongue forward in its position.

Subsequent History.—In twenty-four hours the ligature through the tongue was removed, the adhesions having become sufficiently strong to hold the part in position. The patient did not rally well. For several days she was more or less delirious. The forehead was constantly bathed in perspiration, her pulse continued about 120 and very weak, and there was no immediate abatement of the feverish symptoms. The urine was scanty but not albuminous. The ptyalism continued as before the operation. Her condition seemed rather worse than before the operation, for the same general symptoms were present, and surgical shock was superadded to these. I gave her large inhalations of pure oxygen gas. Discarding the bags ordinarily used for the purpose, I attached one end of the tube directly to the receiver of compressed gas, and placing the other end in her mouth, I turned on the gas so that a gentle stream should flow through the tube. These inhalations were repeated every two or three hours, and the tube was allowed to remain in situ for half an hour at a time. In addition to this, chlorate of potash was administered internally, and used as a wash for the mouth. The patient was carefully nourished and moderately stimulated. At the end of a week there was a decided improvement in her condition. The mind became clear, the skin more natural in color, and the hectic fever subsided. Most of the sutures were removed on the sixth day, the incision having healed, for the most part, by first intention. During the second week the ligature around the facial artery came away and the remaining silver sutures were removed. The inhalations of oxygen gas had been gradually diminished in frequency, and were now discontinued. Syrup of the hypophosphite of lime was alternated twice a day with small doses of chlorate of potash. During the third week I passed a probe through a small fistula on the right side, and detected necrosis of the free extremity of the ramus. I therefore dilated the fistula so that I could seize the dead portion with forceps, and as it was perfectly detached, I brought it easily away. It proved to be an exfoliation of the free extremity of the right ramus, about half an inch long, resembling the thimble-shaped exfoliations occasionally met with after amputations. After this the patient steadily recovered her health and strength, and a new jaw began to form, appearing at first as a cartilaginous deposit shaping itself into the form of the old jaw. This new formation became gradually harder, and as it increased in firmness the muscles began to exercise their control over it. Finally, after a period of six months, the new jaw became dense and solid, completely under muscular control, perfect in its shape, free and natural in its motions, and differing from the old jaw in containing no teeth and in being somewhat smaller in its dimensions. The last traces of the ptyalism disappeared about two months after the operation. A few weeks ago she called upon me, and I was surprised to find how few traces had been left of the operation. The scar was completely hidden from view, and even a critical examination failed to detect the extent of the incision, so perfect was the union of the parts. The chin was somewhat retracted, owing to the new jaw being smaller than its predecessor; but this retraction was not to such a degree as to produce deformity. On opening the mouth a full set of teeth appeared—artificial ones—that had been fitted to the new jaw by Dr. N. W. Kingsley. To the ordinary observer, there was no evidence that this patient had ever lost her jaw, so completely had nature and art repaired her loss.

Previous History.—The previous history of this case is, in some respects, more remarkable than the operative results, and suggests some questions of peculiar pathological interest. This bone which I removed, on the 11th of February, was apparently sound on the 1st of January, and even on the 7th or 8th of January it was not supposed to be seriously threatened. And yet on the 27th of January the bone was dead, and had probably been so for some time. It is safe to say that this extensive necrosis of the bone occurred within a period of two weeks, an exceptionally rapid progress even for acute necrosis to make. The application of arsenious acid for the purpose of killing the nerve, upon the 27th of December, was followed by an exfoliation of bone in front of the tooth that was recognized on the 7th of January, and on this latter date another application of arsenic was made, and in less than two weeks the jaw was dead. Now, a slight exfoliation of bone, resulting from the use of arsenious acid, is not an uncommon occurrence in dental practice,—most dentists, at least, have seen such cases,—nor is it usually considered of much importance, but in this case it acquires a remarkable interest, because the question at once arises whether the action of the arsenic stopped there;—whether, in fact, the agent employed to kill the nerve did not also kill the jaw. This question becomes more significant when we find so careful an observer, and so weighty an authority as Dr. J. Mason Warren, of Boston, recording two similar cases of extensive necrosis of the jaw produced by the use of arsenious acid for dental purposes. We find again that, on the 8th or 9th of January, while the parts around the tooth were inflamed and vascular, an amalgam filling was inserted into its cavity, and in less than ten days the patient was salivated to such a degree that the ptyalism continued for more than two months afterwards. Let us now examine the record of this case prior to the operation:

Dec. 29, 1870.—Mrs. B. had a decayed tooth, the second molar on the left side of the lower jaw, that had given her occasional pain. On the 29th of December, while suffering from tooth-ache, she called upon her dentist in Poughkeepsie, where she lived, and desired him to kill the nerve and fill the tooth. The dentist, after examining the tooth, advised its extraction, but finally deferred to the wishes of his patient and applied a minute quantity of arsenic to the nerve in the usual manner.

Dec. 30.—The pain still continued but not severely. The dentist removed the arsenic, made an application of kreasote to the cavity and directed the patient to call again the next day.

[Had she followed the instructions of the dentist, there would have been no trouble. His first advice was sound, and he was perfectly competent to treat even the subsequent exfoliation that occurred. Instead of calling again the next day, as she had been directed, the patient resolved to come to the city and spend the holidays. She accordingly came to the city and received calls on New Year's Day, although she was suffering at the time from "severe toothache."]

Jan. 4, 1871.—The pain in the tooth continued without any material change since the last date.

On the night of January 4, while returning from the opera, the patient was for a short time exposed to the weather, so that she became wet and chilled.

[I mention this exposure to wet and cold because it is one possible cause of necrosis. At the same time I do not hesitate to exclude it as one of the possible causes of *this* necrosis. In reviewing a pretty extensive experience of this disease, I have yet to meet with the first case of necrosis from this cause except where the disease has been located in the bones of the lower extremity; and, furthermore, I have thus far failed to discover a recorded case of any bone higher up than the humerus, whose death can be attributed to exposure to wet and cold, unless the patient had been at the time of exposure under the influence of mercurials, a condition which was wanting in this case. Markoe gives the general experience of surgeons in this particular when he says: "The bones most liable to suffer are those most liable to direct exposure to the injurious cause, as the bones of the feet and the shaft of the tibia. It would seem, also, that the exposure must be prolonged, in order to produce its effect, * * * sufficiently to act as an exhauster of the general power of resistance, as well as a depressor of the local circulation of the part about to be affected."—[*Diseases of the Bones*, p. 122.]

Jan. 7th.—The pain in the tooth had now increased to such a degree that the patient concluded to have it out. She accordingly called upon a dentist in this city, who found, on examination, that a portion of the anterior wall of the socket had exfoliated, and he informed the patient of that fact. He did not consider the trouble as of serious importance, and persuaded the patient to have the tooth filled. As the nerve in the anterior fang of the tooth was still alive, he reapplied arsenic in order to destroy it. The part was very sensitive to pressure.

[The total necrosis had not yet begun. The slight exfoliation discovered on the 7th inst. was probably due to the arsenic applied on the 29th of December. Its extent, however, was not so great as to prevent another dentist from making the same application in order to destroy the remaining portion of the nerve. The persistence and severity of the pain points, however, to a deeper seated trouble than mere tooth-ache or a superficial exfoliation of bone, and there can be no doubt that the symptoms were those of *periostitis* attacking the membrane lining the socket of the tooth, or at least confined to the immediate locality of the tooth. We may assume, then, on sound pathological grounds, that this patient was, on the 7th of January, suffering from an inflammation of the periosteal membrane, in the immediate vicinity of the second molar tooth on the left side of the lower jaw, that had not yet arrived at the stage of suppuration, but was in a state of hyperæmia, just balancing between resolution on the one hand and an extension of the disease on the other. Had the tooth been extracted then, it is probable that a complete subsidence of the symptoms would have resulted. A slight irritation of the part, however, would be adding fuel to the fire, and must inevitably turn the scale the wrong way. The tooth was not extracted. Arsenic was inserted into its anterior fang. Now, if one kind of violence will inflame a part, the same violence repeated will kill it; if a chemical agent, an escharotic, for instance, like arsenious acid, will produce severe inflammation, the same repeated will destroy the part. This is true of all external exciting causes of inflammation, because the repetition of the irritation is made to an affected part whose vital forces are already depressed.]

Jan. 8th.—The parts immediately around the tooth had now become exquisitely tender and painful. The dead nerve was removed, and the cavity filled temporarily with cotton and sandrac varnish.

Jan. 9th.—The tooth was filled with amalgam. "I never suffered such intense agony," said the patient to me when relating her case, "as that produced by the filling of my tooth. It was horrible."

A period of intense suffering now began that was terminated by the removal of the jaw. So great was the pain, and to such an extent were the mind and body of the patient prostrated, that I could never get from her a clear account of the case during this eventful period. I have ascertained, however, that the tissues surrounding the bone became rapidly swollen, hot, and always painful. Hectic fever set in, and the patient became profusely salivated. A physician was called in (*Jan. 17th*), who applied hot poultices to the face and administered saline cathartics. The teeth now became loose, and pus began to ooze from their sockets. The patient was prostrated with fever; her appetite and strength rapidly failed, and she was at times delirious. The attending physician was dismissed, and Dr. T. F. Allen called to the case (*Jan. 27th*). The doctor called in the services of a competent dentist, and after lifting out some of the teeth—no forceps were required—the parts were thoroughly syringed, and an examination made of the condition of the jaw. It was found to be extensively necrosed, the necrosis involving the whole thickness of the bone and nearly its whole extent. Under Dr. Allen's care every effort was made to support the failing strength of the patient and favor the separation of the dead bone from the living tissues. But the thing was impossible. The patient's strength was so far exhausted that she failed to respond to the means employed. It became at last a question as to what should be done to save her life, for it was evident that septicæmia would bring the case to a speedy and fatal termination, unless some more radical treatment should succeed. Under these circumstances I was called to the case, and removed the dead bone, as already described.

The history of this case prior to the operation is remarkable for three things—First, the cause of the necrosis; secondly, the rapidity of the disease; thirdly, the occurrence of mercurial salivation. The case demands a fuller investigation, because its relation to the ordinary practice of dentists, as regards the use of arsenious acid for killing the nerves and amalgam for filling the cavities of the teeth, is of the utmost importance.

I shall therefore consider the pathology of this case in a more thorough manner in a future article, merely premising that consideration with the statement that there was no history or evidence that my patient ever suffered from any form of scrofulous or syphilitic disease, and that there was no mercury administered to the patient except in the shape of an amalgam filling.

10 *East 41st Street, N. Y.*

LARYNGEAL PHTHISIS.

By E. J. Whitney, M. D.

In no direction, perhaps, has the application of Laryngoscopy been of greater service than in the diagnosis of those conditions of the larynx which, although manifesting themselves during the course of Pulmonary Tuberculosis, may, or may not have any connection with it. Until a comparatively short period, it was generally believed that *all* morbid laryngeal conditions in Tuberculous subjects were identified with, or bore a direct relation to, the diseased condition of the lungs, and extended by the same pathical process over the mucous membrane and sub-mucous tissue of the larynx and trachea. Laryngoscopy has done much towards forming an exact diagnosis, in laryngeal complications, with Tuberculosis, showing most conclusively, that other morbid conditions (differing from Laryngeal Phthisis), each distinctive in its symptoms and peculiarities, may *co-exist* with Tuberculosis; and in view of this, it is proposed to devote this article to the consideration of this morbid condition, and the differential diagnosis between *it* and other affections of the larynx. While this disease is commonly *secondary* to a tuberculous condition of the lungs more or less extensive, it is not generally known that the affection of the larynx, *primarily*, is sometimes the only indication of the commencement of Tuberculosis, so marked and prominent in its nature, that the cough and wasting appear to spring from it rather than from the chest, to which point the attention had not been directed; and while nothing is more rare than the existence of the disease under consideration, *independent* of Pulmonary Phthisis, it is equally true that it may *precede* this condition. I cannot, therefore, but regard the usefulness of Laryngoscopy demonstrated beyond cavil, when by its means an exact diagnosis may be obtained of Laryngeal Phthisis, even in its earliest stages, and before any tuberculous deposit can be found in the lungs, by a most careful and thorough physical examination. The importance of this fact cannot be overestimated, for by means of the mirror, the physician is not only warned of the approach of Tuberculosis by its forerunner, Laryngeal Phthisis, but the knowledge thus gained may, through proper hygienic and precautionary measures, prolong the life of his patient for many years. The symptoms and laryngoscopic appearances of the three diseases of the larynx most likely to be confounded with each other, viz.: 1, Laryngeal Phthisis; 2, Chronic Laryngitis; 3, Syphilitic Laryngitis—will be described seriatim, with the further remark in passing, that the title under which the first named is spoken of is adopted in preference to that of *Tuberculous Laryngitis*, inasmuch as the question, as to whether *true* tuberculous deposits are *ever* found in the mucous membrane of the larynx, is held *negatively*, by prominent laryngoscopists.

The parts most favorable to the invasion of this malady are the ary-epiglottic folds, and the epiglottis, although in the progression of the disease, the ventricular bands and vocal chords are frequently involved. The earliest subjective symptom is pain in swallowing, and a laryngoscopic examination reveals swelling of the cartilage of Wrisberg and of Santorini, which, as the tumefaction increases, assume a pyriform shape, and projecting on the cartilages, obscures the interior of the larynx. This inflammation is diffused, and its outlines fall into the adjacent parts without showing any especial line of demarcation.

The characteristic color of the parts just mentioned is pale and ænemic; but when the vocal chords are involved, they appear rough and thickened, and of a dark red, or purplish color. There is noticeable more or less hoarseness in the earlier stages, terminating in Aphonia, as the vocal chords and ventricular bands become involved. The parts present a puffy, œdematous appearance; the secretion is thin, glary and tenacious; and as the epiglottis becomes affected, and assumes a thickened and "turban-like" appearance, dysphagia is a marked and distressing symptom. Cough, although sometimes wanting, is generally present, and is distinctive and peculiar, having a stridulous, metallic sound, which is quite characteristic of the conditions just described. Another, and equally marked characteristic, is the slowness of these tumefied parts to ulcerate, and although the inflammation and swelling may be very great, and the parts distorted almost beyond recognition, there is an indisposition to ulceration which is in marked contrast with another laryngeal affection yet to be mentioned. When, however, this process is established, the ulcerations are small and superficial, partaking more of the character of an erosion. The fauces present generally, a pale, colorless appearance, accompanied at times with such a degree of irritability and intolerance of contact, with the mirror, as to render an examination a matter of considerable difficulty. Having thus briefly described the symptoms and pathological changes of Laryngeal Phthisis, it will be well to enumerate its distinctive points of diagnosis, before proceeding to the consideration of the other diseases already mentioned. 1st, Pain in swallowing; 2d, Location and character of the swellings; 3d, Its color and that of the surrounding tissues, and 4th, Slowness to ulcerate. Chronic Laryngitis is not an uncommon affection in our Northern sea-board cities, and is more prevalent during cold, wintry weather. The parts most subject to an attack are the vocal chords and ventricular bands, then the epiglottis, and lastly, and more rarely, the arytenoid cartilages. This condition, depending as it does upon more or less capillary engorgement, is distinctively hyperæmic in its nature, and the vocal chords, ventricular bands, and surrounding mucous tissue, are consequently bright red in color, varying in intensity according to the activity of the disease. There is usually but a slight degree of thickening or tumefaction; the supervening ulcerations are shallow, and when this process is extended to the vocal chords, numerous bright, glistening points are to be seen, caused by destruction of the lining membrane, which exposes the fibrous structure beneath. Aphonia, more or less marked, and fatigue in vocalization are ordinarily present, but no pain usually in swallowing, and seldom cough, but when it exists it is irritative in character. There is rarely any embarrassment in respiration, and but little constitutional disturbance. The pharynx is generally congested, the uvula and soft parts relaxed, yet notwithstanding this hyperæmic condition the parts lack the exquisite sensitiveness of Laryngeal Phthisis, and a view of them can in most cases be readily obtained.

In Syphilitic Laryngitis, the epiglottis is most

commonly the first affected; following in frequency of attack are the vocal chords and laryngeal cavity, and more rarely the arytenoid cartilages. Ulceration, which is developed in the earliest stages of this disease—unlike that process pertaining to the two diseased conditions just considered—is rapid and destructive in its course; the ulcerations, deep and irregular in form, with edges raised and prominent, are covered with a dirty yellow, or apthous secretion, which reveals upon removal a hyperæmic base, prone to bleed. The activity of this process causes considerable surrounding tumefaction, which, however, is nearly always a *sequel* of ulceration, and *rarely* precedes it. Cicatrization, which follows the subsiding ulceration, affords distinctive characteristics no less marked and important than those of the ulcerative stage itself, consisting of radiating fibrous bands so dense and contractile in their formation as to frequently occasion both narrowing and displacement of the larynx, and, according to Tobold, are often "covered with abundant papillary growths." This last observation, however, my experience has failed to confirm. If, on the other hand, the ulcerative process continues, the soft parts may be destroyed, Perichondritis induced, and the cartilaginous framework of the larynx displaced. The symptoms and appearances just enumerated obtain only in the tertiary forms of Syphilis; those conditions arising from the Secondary type being mostly of an erythematous nature, which either disappear spontaneously or yield quickly to treatment.

From a summary of the foregoing observations it will be noticed that morbid changes as reflected in the laryngeal mirror, afford *positive* means of diagnosis. In Laryngeal Phthisis, the ary-epiglottic folds are most commonly the seat of attack; and the pyriform swelling of the cartilages, the peculiarly tumefied epiglottis, as well as paleness of color, and indisposition to ulceration are, each and all, characteristic of this disease. It will also have been observed, that while more or less swelling is usually present in each of the diseases herein described, it may be laid down as a rule, from which there is rarely any deviation, that *swelling* in Laryngeal Phthisis *precedes* ulceration. The cough—stridulous and metallic—is also of value as a diagnostic symptom, while pain in swallowing, which is usually present, inasmuch as it accompanies in a greater or less degree, *all* inflammatory conditions of the epiglottis and inter-arytenoid folds, is not wholly reliable. In Chronic Laryngitis there is little or no constitutional disturbance; the interior of the larynx—the vocal chords and ventricular bands—are markedly affected, and, together with absence of cough and embarrassment of respiration, form important and distinctive differentiæ. Syphilitic Laryngitis differs from either of the preceding diseases, through the early development of a destructive form of ulceration not preceded by any tumefaction, in connection with its preference for the epiglottis, as its part of location. The depth and irregularity of these ulcerations, the rapidity of their course, together with the peculiarity of cicatrization, may be regarded as typical.

100 *Lafayette Avenue, Brooklyn.*

GOLD IN SEA WATER.—Sonstadt demonstrated the presence of gold in sea water, held in solution by the action of the iodate of calcium. He estimates the proportion to be less than one grain per ton of water.

THE MEDICAL UNION CLINIC.

1. *Fibro-Cystic Tumor of the Uterus, treated with Muriate of Ammonia.* In September, 1871, a young lady was placed under my care with fibro-cystic tumor of the uterus. The tumor was about the size of a child's head at full term, and had been growing for several years. During the last year it had increased rapidly in size, and occasioned much distress by its pressure on the pelvic organs. Flatulence, constipation and inability to stand or walk for any length of time were some of the concomitants of the tumor. Being somewhat doubtful as to the exact nature of the tumor, I had the patient examined by Drs. Marion Sims, T. G. Thomas, A. K. Gardner, Washington L. Altee and others. Their diagnosis was uniformly the same—fibro-cystic tumor of the uterus. No encouragement was held out as to any cure by medicines. I placed her on muriate of ammonia, from three to six grains three times a day, dissolved in a large quantity of water, and kept her on that treatment for ten months. At the end of that time the tumor was decreased to such small dimensions that it could only be detected with difficulty. The other troubles disappeared also, so that, with the exception of a tendency to flatulent distension of the intestines, she is now apparently restored to perfect health. I have for a long time used the muriate of ammonia in preference to the iodide of potassium as an absorbent, and consider it superior to any other remedy for that purpose. I have never seen any bad symptoms arising from its use other than an occasional dyspepsia that was easily remedied by slightly diminishing the dose, or omitting it altogether for a day or two. The use of the muriate must be persisted in for months; there must be a slow saturation of the system with the remedy in order to see its beneficial results.

I believe that the absorbent powers of muriate of ammonia were illustrated in this case. The remedy deserves a trial in similar cases, where absorption is the only hope of cure, the nature or location of the tumor forbidding operation.

JOHN C. MINOR, M. D.

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2. *Fibroid Tumor of the Bladder, treated with Muriate of Ammonia.* In June last, a gentleman, well known in the literary community, applied to me for relief from a trouble which he said was making his life miserable. I found him weak, emaciated, with a sallow face and a distressed look. His age was about sixty. For years he had suffered from a severe trouble in the bladder, which had gradually been getting worse and worse. He was hardly ever able to go more than a half hour without an attempt to void water. The attempt was often unsuccessful even after five or ten minutes' trial, but on going back to his work the water would not unfrequently commence flowing without warning, discharging itself into his pantaloons. Every night he was obliged to get out of bed as often as every half hour to void urine. A careful examination with the sound revealed a tumor in the lower part of the bladder, somewhat in shape and nearly the size of a small hen's egg. The cause of all his trouble was apparent. An operation, at his age, with his strength broken down with long suffering, was only to be thought of as a last resort. I ordered him to take ten grains of *muriate of ammonia* three times a day. In a few days he informed me

the drug severely purged him and deranged the stomach. I reduced the quantity to five grains to be taken in a wine-glass of water. In a short time marked improvement was apparent. He has regained his usual strength and color, and says he feels that he is a well man. He now passes water but two or three times a day, and is not called up at night. Under the action of the *muriate of ammonia* the tumor has become entirely absorbed, and every unpleasant symptom removed.

EGBERT GUERNSEY, M. D.

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3. *Epileptiform Convulsions treated with Cedron.* Mrs. E., aged twenty-five years, native of England, married, one child, always delicate. Four years ago, for the first time had an epileptic fit caused by fright. Since that time has had well marked epileptic attacks on an average once every two weeks.

Dec. 3, *P. M.*—I was called to attend her. I found her in bed, lying on left side, suffering from violent pain extending from the spine around the right side nearly to the mediaro line in front, and from about the first dorsal to the last lumbar vertebræ, attended with great sensitiveness to the touch; frontal headache, nausea and vomiting, thirst; pulse and temperature normal. This condition had existed for three days, during which time she has had no sleep, nor been able to keep any food on the stomach. No fit for two weeks. Prescribed.

Dec. 4, *A. M.*—Condition about the same as yesterday. No sleep; temperature 100; pulse 80; Ignatia Oj in water. P. M.—After taking two doses of the remedy, pain in back and side relieved very much, but is returning. Has "*fainted*" two or three times; otherwise about the same. Continued remedy.

Dec. 5, *A. M.*—No change in previous symptoms. Has had seven or eight "fainting" fits since daybreak; during my visit had two which I recognized as Petit Mal. While lying quiet, without any perceptible change in her appearance, she became perfectly unconscious, respiration and heart's action remaining natural. This condition lasted for three minutes, when consciousness returned, with some chilliness and thirst. The intervals between the attacks varied from five minutes to two hours. Prescribed Ars. 1st dry. Met Dr. Henry Paine in consultation toward night, up to which time the patient's condition remained the same. We decided to give Hyos. tinct. a trial, and should that fail, then Cedron.

Dec. 6.—No change for the better. Gave Cedron 1st grs. xx, in a third of a glass of water, tea-spoonful every hour till four doses had been taken, then every two hours.

Dec. 7.—Patient had some sleep, the first in six days; was also able to retain some food on stomach; pain much relieved; no more attacks of the Mal. Gave Cedron 1st in powders of grs. v each, every two hours.

Dec. 8.—Found patient sitting up, nearly free from all pain; had quite a good night's rest; some appetite, and no difficulty in retaining food. Improvement continued under this remedy in decreased doses, and patient discharged.

FRANCIS E. DOUGHTY, M. D.

Correspondence.

A LETTER FROM JOHN CRANNELL.

MY DEAR UNION:

YOU want some of my studies for publication? Well, you know that an artist's work is always a finished production, while his studies are like mine—never done. An artist's studio presents not only the finished work, but also the chips and tools, the models and sketches from which the complete creation has sprung. If the work is on exhibition, the odd sketches and litter are stowed away in some corner to escape the eye, which appreciates only results accomplished, and has no time or inclination for a study of the process of construction. To the artist, however, these rough drafts—the dashes of color, the odd pencilings and memoranda out of which his work grew slowly and harmoniously—are of peculiar value; and while the critics are ushered in silence to the presence of the completed work, he takes a friend aside to look over those queer and curious scraps that have lightened the burden of work and forced him to laugh when it was decidedly his business to weep. In like manner I find myself surrounded with a litter of precious chips which I have no disposition to burn up. Notes and pencilings on many quaint ideas and curious customs lumber up my desk. They have accumulated while I pursued some curious studies; but now they are in my way and I must either burn them or print them, and so, my dear UNION, you see me in print.

There is a peculiar fascination about the researches into the history of old surgical operations which invests them with a charm unusual to medical topics. We are led back through the musty pages of medical history, and in our studies we contemplate the relics of former systems with a curiosity which is often repaid by the recognition of old remedies and old instruments which, under new names, are known in our day as evidences of modern progress. As we pass along in our search we see rival schools and systems of medicine lying dead and buried side by side, with the mould of centuries quietly enshrouding all alike, and we pause to think that we too, with our wordy strife and all the rivalry between our various schools, must at last find similar resting places together, with every folly embalmed and every virtue gone; for every sect and school will take its stand when dead according to the measure of its weakest part when living. If one school becomes contemptible on account of intolerance and bigotry, and another school becomes absurd from the ignorance and credulity of its members, those facts will become eternal when all that was good in either has been long forgotten. It is merely a question of time which will make "our school," whatever that school may be, a thing of the past, and in view of this fact, he takes the safest course who uses his own judgment in all professional matters, and exercises that charity which refuses to recognize any school of medicine as entirely right to the exclusion of any other as entirely wrong. For what seems true to-day may be proved false to-morrow, and the birth of a new idea is sure to be the death of a dozen old ones. (The doctor of divinity says that his opponent is "heterodox," and the assertion is generally more profound than the proof. The doctor of medicine overwhelms his rival by calling him an "irregular," which signifies a medical heretic. Now, Heterodoxy is another man's doxy—whereas Orthodoxy is a man's own doxy. This definition is an old

one, but it might be difficult to give a new one which should be more accurate or more applicable to the case in hand.)

We fall into these digressions as naturally as one wanders off into the side alcoves of a museum, while the first and final purpose of his visit draws him toward the study of some antiquity at the remote end of the gallery.

In tracing the history of an old operation, we sometimes find it associated and connected with the theories of the times in which we regard it. The study of any medical topic to-day requires a consideration of its rela tion to the vital theory or the physical theory of disease, because it is necessary to measure every practice proposed by the line of every theory extant until something fits; since no matter what may be the success of the practice, it requires a theory to cover and protect it, just as a man requires a good suit of clothes before he can be admitted into fashionable society. We must examine our subject in the light of pathological knowledge, and compare it with other measures used to accomplish similar results. In like manner we find that years ago medical and surgical proceedings were associated with the theories of the day, and were sometimes proposed as one of the methods to perpetuate the period of youth. Pathology was an unknown science then, and the vital and physical theories of disease were unheard of. The crucible of the alchemist, the tales of the traveler and the records of tradition, were then the sources of knowledge. Medicine was mingled with superstition, and surgery was surrounded by a thousand horrors. Science lay buried in a swamp of superstition, from which arose a miasm which was apt to give men the shakes. It may not be uninteresting, since our subject has led us into these old times, to give a little attention to some of the investigations which then occupied the minds of the learned.

We are led back to the time of the old alchemists who sought not only the power of transmuting baser metals into gold, but toiled as well to discover the fountain of youth, or to produce an elixir vitæ which should obviate the necessity of dying and render mortality immortal. The measures proposed were generally of the most absurd character, and when some foolish visionary discovered what he supposed to be the secret of prolonging life indefinitely, he was apt to die before he reached three-score years and ten—a sufficient commentary on the efficacy of his secret. With the details of these profitless labors we have little or nothing to do, but looking beyond them we find that they occupied the attention of curious and speculative minds in all ages, and we find traces of this search for life scattered throughout the literature of all countries, and where records fail us we hear the story over again in the traditions of the people. To some of these tales we now turn, not from mere curiosity alone, but because it seems probable, from the evidence of their construction, that the alchemists, in seeking the elixir vitæ and the fountain of youth, were drawn on in their search by the mystic beauty of that old story of Eden and the Tree of Life, and that, not recognizing the antiquity and source of these old legends, they blindly groped for that which is forever guarded by the "cherubims and a flaming sword which turned every way to keep the way of the tree of life." Herodotus (Herodotus, Book III, Chap. 23) reports the existence of a magic fountain in Ethiopia in the following words: "When the Icthyopagi showed wonder at the number of years, he [the king of Ethiopia] led them to a fountain, where, when they had washed, they found their flesh all glossy and sleek, as if they had bathed in oil—and a scent came from the spring like that of violets." * * * "If their account of this tradition be true, it would be their constant use of the water from the fountain which makes them so long lived." And here we have part of an old twelfth century rhyme (Fabliaux of the Twelfth and Thirteenth Centuries, selected by Legrand, translated by Way. Ellis's Edition, Vol. II, p. 195) which locates the fountain in the troubadour's paradise, "The wondrous land that hight Cokaigne:"

* * "But the chiefest, choicest treasure
In that land of peerless pleasure
Was a well to saine the sooth,
Cleped the living well of youth.
There had numb and feeble age
Cross'd you in your pilgrimage;
In those wondrous waters pure,
Laved awhile, you found a cure.
Lustihed and youth appears,
Numb'ring now but twenty years."

One of the most exquisite tales comes from Hawaii (Robertson's History of America) in the shape of a tradition concerning a voyage which certain natives of that island made, to a land where the inhabitants enjoyed perpetual youth and beauty—where the fountain of life removed every disease and every deformity, and where misery and death were unknown; but, alas! they had beheld that which was forbidden to mortal eye, and they all died shortly after their return to Hawaii. A similar tradition prevailed among the natives of Porto Rico, who located the fountain in one of the Lucayo islands, and, incited by the hope of finding it, Ponce de Leon roved from island to island till he discovered not the fountain, but Florida. Sir John Mandeville, that quaint old traveler of the fourteenth century, "who, on the day of St. Michael, in the year of our Lord 1322, passed the sea and went the way to Hierusalem and to behold the mervayles of Inde," discovered, among other "mervayles," a fountain on the banks of the Indus which possessed healing and rejuvenating powers, and Sir John not only describes the magical effects of its waters on the inhabitants of the country, but gives us his personal experience of its use. The old knight came back, after more than thirty years absence "in strange countrie," afflicted with gout and rheumatism which the magic fountain had failed to ward off, but as the Pope decreed that all that Sir John Mandeville had related, "*and much more*," was veracious, we, who are fallible, cannot dispute the point.

Roger Bacon was a firm believer in the elixir vitæ and the philosopher's stone, and has left many curious works (De Secretis Artis et Naturæ; De Prolongatione Vitæ; De Secretis Operibus, etc., etc.) which show not only a fertile imagination and childish credulity, but, incongruous as it may seem, at the same time a brilliant power of analysis which enabled him to detect the errors of others while blind to his own.

But enough of these old stories for the present—the ancient idea of perpetual youth has faded away, and its place in science is now taken by researches as fascinating as any of old. We will come to our modern times soon enough, however, and there are some things yet to be looked at before we leave our book-shelves, and so in my next letter you will pardon the antiquarian proclivities of

JOHN CRANNELL.

THE MEDICAL UNION

A MONTHLY JOURNAL

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EDITORIAL NOTICE.

THE editors of the MEDICAL UNION invite the co-operation of the profession in making their journal a valuable medium of scientific intelligence, and a record of the freshest news in the medical world. They trust the medical profession will look upon the journal as, in a measure, their own, and freely use its pages for the interchange of practical thought. Every thoughtful mind can add something of suggestion and experience to the general store of knowledge. We wish to bring together, within our pages, the experience and investigations of the great army of workers now laboring in the broad field of medical progress. So far as this journal is concerned, the editors occupy the position of collectors of scientific intelligence and general news more particularly relating to the medical profession. They, of course, must exercise some discretion in the discharge of their duties, and select for publication only that material which they think will be of interest to the medical world. While they aim to publish nothing which will retard the progress of scientific medicine, they will give a broad range to scientific discussion—always conducted in a spirit of courtesy—holding that each man must be alone responsible for the sentiments he advances. Secretaries of medical societies are earnestly requested to forward a record of the proceedings of their societies. Very much is brought out in the off-hand discussions of these associations by men who are too busy to write long articles, which will be of great practical value. Records of cases and little incidents in the daily round of professional work may thus be brought together from every part of our vast country, forming an immense treasury of knowledge. We trust these reports will be made as full as possible. Our reviews of new books will be in the interest of no publisher, but of the general reader. We shall strive to deal fairly and impartially with all. In this way only can reviews be of any real value.

Again, we ask our brethren in the profession to look upon this journal as in a great measure their own, and by their contributions make it second to none in the medical world. The publisher desires us to say that its publication for one year is assured by the pledge of sufficient funds to cover its entire expense for that time, even if not a single copy is sold.

SALUTATORY.

THE great object of the physican is, not only to cure, but to guard against the inroads of disease. His chief study should be, how to relieve suffering, prolong life, eradicate the causes of disease, and thereby elevate the human race, and increase the sum of human happiness.

To do this, he should ever stand in the vanguard of progress. His mind, carefully trained, thoroughly disciplined, should be able to discriminate between crude speculations, however beautiful the theories, and the logic of facts. The broad field of science, with its wonderful developments and the startling truths every day revealed, should find in him a patient worker and an honest, earnest searcher after its mysteries. The questions which should ever ring in his ears should be, "What is truth? How can I best bring the teachings of nature to subserve the interests of humanity?" Honest in his own convictions, earnest in his purposes, fearless in his investigations, he respects the intelligent opinions of others, though they may differ from his own. He subjects their ideas and their facts to the careful analysis of his own mind, that, if he may not wholly approve and indorse, he may, at least, gather from their investigations some grains of truth—some new thought—which may aid him in his own daily combat with disease. In every thus earnest worker he recognizes a friend and brother, a co-worker in the same great field, actuated by the same purpose, striving for the same end.

In coming before the public with a new journal, for its approval, we come not wedded to old ideas, not bound hand and foot to any philosophy, but culling facts from the experience of the past, from the investigations of earnest minds in all ages, we appropriate them to our use, and not only continue our investigations in the rich veins they have opened, but patiently watching day by day the developments of science, listening to its teachings, earnestly search for some new fact, some new mine of wealth from which we can draw more potent weapons to cleanse the current of life, and combat with the causes of disease and death.

In the way which seems to us most likely to be rich in practical results, we shall pursue our investigations; and if at any time we can be shown a better way, a more reasonable philosophy, more in accordance with the teachings of science, we shall willingly and gladly walk therein. Extending the hand of fellowship to all honest, intelligent workers

in the great field of scientific research, we shall work earnestly for that time when the party walls, which never would have been reared except from persecution, shall be leveled, and all sectarian names merged in the broader name of Physician. Intolerance, bigotry and persecution commenced, and have kept alive the feeling of sect. Standing in the ranks of the so-called Homœopathic school, we say to that part of the profession who claim to be the only regular school of medicine, if we are a sect you have made us one. We have been obliged to assume a distinct name and build a home for ourselves, because we have been driven from your ranks by the bitterest persecution and the most unsparing abuse.

We deny that there is anything schismatic in our doctrines, our spirit, or our manner of practice. The principles upon which are based the doctrines of the Homœopathic school were promulgated within the ranks of the dominant school by one of their own most accomplished and learned physicians. His very position as a man of science should have entitled his views to a fair hearing and an impartial investigation. Had this been done, the Homœopathic school, as a distinct school, would never have existed. If we claimed not merely a therapeutics, but a physiology and pathology of our own, and were responsible for every theory and every inference drawn from the law of Similia either by Hahnemann, or any of those who have accepted that law, and taught that disease could only be successfully treated by the extreme high potencies, the case would be entirely different. But these extreme views have ever been the exception rather than the rule in our school. Homœopathy is no more responsible for them than for anything else which may be placed upon its shoulders. They are the views and practices of individual men, for which they alone should be responsible. What we as homœopaths claim as cardinal principles, are, first, the law of Similia, or the treatment of disease by medicines whose effects, tested upon the living, healthy organism, are similar to the symptoms present in diseases. We do not claim this principle as universal and exclusive. We claim that it is a principle of great value, and one which, carefully considered and correctly applied, gives us, when indicated, the most satisfactory results. We ask, in all fairness, that in no case should prejudice act against its fair consideration.

We claim, secondly, that as the law of Similia demands an intimate knowledge of the effects of the drug, the importance of proving each drug on the healthy organism. In this way can its real action be ascertained, and we no longer be compelled to depend on the chance-provings given in accidental cases of poisoning.

If our Symptomen Codex contains much that is unreliable, give us something better, but at least confess we are on the right track, and that in this way lies the true channel of investigation.

We are quite willing that the subject of dose be left to the individual experience and judgment of the practitioner. We find that a greatly reduced dose gives us the most satisfactory results, when the remedy is given in direct accordance with the law of "Similia." What the precise dose shall be, must depend on the condition of the patient and the idiosyncrasies of his constitution.

We do not claim these principles as exclusive, notwithstanding we believe they have simplified the treatment of disease, and opened to us a vast field of remedial agents, the limits of which we have as yet by no means reached. They have unlocked the hidden virtues of plants and minerals scattered about us in rich profusion, and have taught us there is no disease for which we may not hope to find, in the rich store-house of nature, some antidote.

Whenever we think them needed, we use drugs which do not act in accordance with the principle of Similia, and in such doses as we think will produce the desired results. We admit that, notwithstanding the discoveries and experience of each year are adding to the strength and scope of this principle, still it is not universal. Remedies are often required for their chemical action, often as nutrients, supplying some deficiency in the organism, and often for their mechanical action. All that we ask of the physician is a careful discrimination of how, and in accordance with what principle, the remedy should be given. We ask for the homœopathic law, that it be recognized and its proper value allowed.

Is there anything schismatic in the position we have assumed, anything to justify the bitterness with which we have been assailed, anything to warrant the treatment we have received from a school which prides itself upon its antiquity, its learning and skill? The argument will not hold good that our physicians, as a class, are ignorant, without culture, without scientific attainments, and with no social position—for in all these they are fully their equals. Our patrons, too, are found among the cultivated and refined—among people who reason, and who, when suffering, seek for help where they think it can best be found.

Gentlemen of the so-called school, Allopathic, or as you prefer calling yourselves, "the regular school of medicine," if you wish for reconciliation we are quite willing to meet you half way. We admit that in the past there have been sharp words on both sides. To your sneers and your ridicule we have replied by an array of facts, and challenged you to disprove them. We have let the sunlight of truth

into much that was unscientific in your practice. We have at all times been willing and eager to investigate carefully whatever we have found in medical literature, derived either from experience or scientific reasoning, and have honestly appropriated what we considered truth, from whatever school it may have emanated. We have at all times been willing to communicate our ideas to others, either in the sick-room or in our medical journals; and while we have always been ready to treat others with the respect and courtesy which should ever exist between members of a learned profession, we have not received the same courtesy from you. You have tried to crush us out of existence by your bitter opposition; your refusal to recognize us as physicians; your closing the doors of hospital and asylum boards against us; your determination that we shall occupy no places on the army and navy surgical and medical staff, and the prompt expulsion, or suspension of all members of your societies who have the independence to meet us in council. In fact, gentlemen, you have shown a fixed determination to throw every obstacle in your power in the way of a fair representation of our views and practice.

Has the result been entirely satisfactory? Have you read the world's history so poorly as not to know that persecution such as you have shown has never succeeded in accomplishing its purpose? that it always aids the cause it seeks to destroy? In all this, the public are rapidly answering the question which they deem the more schismatic, and whose code of ethics to their unprejudiced eyes seems most in accordance with gentlemanly courtesy, and that broad charity which should ever be found in the heart of the man of science and the true physician.

Look abroad upon the medical world with a fair and impartial eye, and compare the present with twenty years ago. No longer weak in numbers and influence, our colleges, our asylums, our hospitals, our dispensaries are scattered all over the land, and statistics which cannot be disproved, tell largely in our favor. Deprived of all fair representation in your medical journals, shut out persistently from hospitals, asylums and dispensaries established for the public good, and supported by our money as well as yours, we have been compelled to establish them of our own. We have called our literature and institutions "Homœopathic," not because we claim an exclusive devotion to that creed, not because we believe the law of Similia covers the whole range of the remedial action of drugs, but because here the Homœopathic creed is recognized and allowed its proper value.

Because you have compelled us to adopt this course, you now taunt us with being sectarian and adherents of an exclusive dogma.

What would be the result, gentlemen, of a little common fairness in this matter—of a little of that frank and sensible treatment which we ought to expect from the members of a great profession, working for the relief of suffering humanity? Compare your own teachings and practice now, with those of a quarter of a century ago, and tell us why the line of demarcation between the more conservative of the two schools is daily becoming less apparent. Why is it that your ablest writers on Materia Medica admit that the best way to get at the action of drugs, and the surest guide to their curative properties, is by proving them on the healthy organism? Why is it every day you are treating your patients more and more in accordance with the law of Similia? Is it not because the influence of the Homœopathic school has been quietly producing its beneficial results upon the whole medical world, and even you are convinced there is a better way than that of the past?

We have none of us as yet, by any means, reached the limit of human knowledge, so far as remedial agents are concerned. We have all much to learn. We are convinced there are many things you can learn from us, and there is much we can learn from you. We are all striving for the same great end. Is your armory so well supplied with weapons to combat with disease that you have no occasion for others? If statistics show the percentage of deaths to be less in our hospitals and dispensaries than in yours, is it not reasonable to suppose that we may have some weapons which would prove beneficial to you, and that you might with advantage make our creed part of your own? We do not hold our creed responsible for many of the inanities which have been put forth in its name, any more than we hold your own profession responsible for some of the vagaries of its members.

Supposing you should throw open the pages of your medical journals to a fair and honest consideration of the doctrines which form our creed; supposing you should give up this exclusive sectarian spirit, and throw open the gates of your hospitals, and asylums, and dispensaries to educated Homœopathic physicians, allowing them the same privileges in the wards as yourselves; and supposing, too, in the lecture rooms of your colleges a fair and just exposition of our doctrines should be given, what would be the result?

The name "Homœopathic" would disappear from our literature, from our colleges, our dispensaries and our hospitals, as you claim that of Allopathic is not recognized in yours. Standing high above all sectarian names, would be the glorious title of Physician. With united strength we could work in harmony and with a power never exerted before.

You have it in your power to terminate this warfare of bigotry and intolerance, unworthy of an enlightened age and of the true spirit of science. You have only to step out from your shell upon the broad catholic platform of equal rights and equal justice to all. Until you are willing to take this course, this contest will go on until we obtain our just rights in the army, the navy, and in all the hospitals and asylums built by the public money (by our money as well as yours), for the public good. In the cities of New York and Brooklyn, at least one-half the taxes are paid by those who use homœopathic treatment themselves and in their families, and yet their physicians are persistently excluded from the hospitals and have no voice in the management of the sick poor within their walls.

While we are willing and ready at all times to meet scientifically educated physicians and work with them earnestly for the public good, no matter to what school they may belong, or whether they are male or female, white or black, we wish it distinctly understood we have no apologies to offer for the past, no favors to ask for the future. We simply demand our rights, and insist that the sectarian dogmatic spirit which has so long sought to dictate medical ethics to the medical world, and which has built up party walls and engendered all the bitterness of party feeling shall cease. That spirit is already being shorn of its power—its anathemas cease to terrify and its thunderbolts fall harmless at the feet. Earnest, truthful men are everywhere rising above the dictates of party, and in the catholic spirit of true science, are working heartily for the common good The time is not far distant when all true men in our noble profession will indignantly spurn the trammels of sect with its petty spites and narrow-minded prejudices, and the only contest will be, who shall do the most to prevent disease and relieve suffering humanity. For that time we shall earnestly work.

Reviews of Books.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By R. LUDLAM, M. D. Chicago: C. S. HALSEY. Second Edition.

THE appearance of this volume prepossesses us in its favor. It is mechanically a very neat work, and highly creditable to the typographical art of Chicago. This, however, perhaps is partially owing to the fact that so much old type and poor book material was destroyed by the recent conflagration.

As to the work itself, we confess to have read it with no little interest. It is fresh, readable, agreeable in style, easy, and fluent, while, at the same time, it is not a little rambling, discursive, and incomplete. Of this we could not complain, if it were not that it will be apt to be considered a complete treatise on female complaints, which it is very far from being. It is, as it calls itself, a series of lectures—clinical lectures, indeed—unstudied, except in some after filling up, desultory, irregular, heterogeneous, and incomplete. Scarcely a single disease, or feature, or treatment of any complaint is exhausted, although touched upon in many places. As an index of the mind and character of the writer himself, the pages throughout are all sufficient. It evinces him to be a well-read, thinking, practical man, one not bound down by the theories of days of intellectual darkness, but fully imbued with the light of the present day and age. The practitioner of medicine will gladly meet the writer and learn from his evident abundant knowledge of this subject, both at the bedside of the patient and in reading these pages. But for the learner, the work is not the one for his careful study. The writer has made a place for himself on the book-shelf by the side of Meigs and Thomas, but the student needs more didactic instruction as conveyed in the sententious and carefully weighed words of Gooch, Dewees, Churchill, Byford, and, more than all of the incomparable and exhaustive treatise of Scanzoni, a writer, by the by, that we see too rarely alluded to by the erudite writer now before us.

We are glad to note as signs of the progressive writer, that he unites in the reprobation which the leading gynecologists of the world now give to the abomination of all abominations, the pessary in every form. Their constant use by any physician evinces him as a man of little observation of the causes of disease and less appreciation of a proper method of cure.

The writer, too, "is sound" upon the question of uterine therapeutics, and justly says that the more showy operations of the modern specialists have driven out to a very great degree that internal—we might say constitutional—medication which has a very great, if generally neglected or forgotten, influence over such complaints. Did uterine diseases all commence from mechanical causes, then local and topical applications might suffice for their relief; but it is true that many, if not most, of them originate from constitutional disturbances, aggravated indeed by excessive coition, abortions, and like local irritants unnecessary to enlarge upon here; and in such cases, the axe laid at the root will be the appropriate internal remedy for a general cachexia, a constitutional disturbance, or frequently if most often unrecognized, and imperfectly understood, nervous sympathy, an influence subtle, unseen, but which will be more generally appreciated when by superior education and enlarged study the nervous system and its part in the human economy is better understood.

Scanzoni pointed out, and perhaps proved, that cancer in some cases originated in sorrow, mental disquietude and suffering. It, not unlikely, requires but time for the mental and moral causes of many physical diseases to be discovered and recognized.

Another step in this direction is the recognizing that hysteria and uterine irritation are coincident; perhaps the future may show that the uterine difficulty may be either primary or secondary.

In addition to what the author has said, had he lived in New York he might have added that some of the most noted of these specialists have forgotten something of the Hippocratic oath, and taken in its place maxims from the Tweed and the political "rings" of the day. They perform useless and even injurious operations simply for the exorbitant

fees they charge. It is easy to "slit open an os," and then it is easier to charge $500 or $1,000 from a confiding and credulous wife or her affectionate husband. Imaginary polypi and tumors are treated, and simple complaints are baptized with new German names, and extraordinary and equally as uncalled-for sums are extracted from the credulous. Quackery of the most unblushing character is now not practiced by the ignorant seventh son of a seventh son, but is in the academies of medicine and the halls of science all over the land.

In the therapeutics we would be better pleased were the author more explicit in his indications on the quantity and strength of his preparations and the frequency of their administration. For example, upon page 195, under the head of "Treatment for the Ovarian Symptoms," is "Apis mellifica, calcarea carbonica, platina, belladonna, colocynth, lachesis, thuja, kali jodatum, mercurius or hamamelis may be appropriately and successfully employed." Some of these are quite powerful, and it might be very important how and when they should be employed, more especially when there is nothing in the work to indicate whether the writer is "of the most straitest sect a Pharisee," or whether his motto is "that liberality I to others show, that liberality show to me." Sold by C. T. Hurlburt. Price, $7.50.

MARVELS OF NATURE, SCIENCE AND ART. I. *The Moon.* II. *Electricity.* III. *Water.* SCRIBNER, ARMSTRONG & CO., Publishers, New York.

ON our book table we find the three works indicated above, forming a part of the admirable series of scientific works now going through the press, and recently published by Scribner, Armstrong & Co., under the general head of "*Marvels of Nature, Science and Art.*"

The advances of science during the past few years have been so great, the revelations in the world of nature so startling, that the mind can scarcely keep pace with the new ideas and new truths which are being developed in such rapid succession. There is a vast number in this working world who have no time to follow the minute details, often painfully laborious, by which the grand problems of science are worked out, and yet who are eager to learn the result, and who feel their souls expanded and their minds strengthened for their daily toil as they contemplate the great truths and the beautiful lessons of nature, unlocked from its store house by the patient investigation and laborious research of others. It is for this class of minds this series of works are intended. They contain the results of the latest researches in the world of science and art, told in language easily understood, and will prove of vast interest to those who have no time to follow the laborious steps of investigation.

I. *The Moon:* with illustrations of its vast mountains and deep valleys, and its various phases and changes, by *Amedee Guillemin*, edited by *Maria Mitchell*, of *Vassar College*. The editor says in her preface, "This work is adapted to that large class of persons, who, in an age which tends very decidedly to physical research, wish to know something of *scientific facts;* those whose occupations do not afford them time for study, or who from defects in their early training believe themselves incapable of mathematics. From the first page to the last there is not a problem; not a triangle is drawn. Although astronomy and the laws of motion cannot be studied without the highest mathematics, the facts which observation and theory combine to make known can be gathered together and made attractive to the general reader, so that the narrow boundaries of ordinary daily life may be extended by a conception of the expansion of space and the cycles of time."

II. *Electricity*, by *T. Baile:* edited by *Dr. John W. Armstrong*, President of the New York State Normal School, gives a very clear description of the electric telegraph, inductive machine, electric light and its uses, and electro-plating.

III. *Water*, by *Gaston Tissandier:* edited by *Schill de Vere, D. D., LL. D.*, with sixty-four illustrations. We are told, in exceedingly graphic language, of the wonders of the ocean; the system of circulation of water in its solid, liquid, and gaseous forms; its action upon continents; its physical and chemical properties and uses. Much of valuable information is found here even for the scientific reader, and for the general reader the work is full of instruction and interest.

THE INTERNATIONAL SCIENTIFIC SERIES. D. APPLETON & CO., Publishers, New York.

FROM the author's preface we copy the plan of the intended series. "The rapid development of science in the present age, and the increasing public interest in its results, make it desirable that the most efficient measures should be adopted to elevate the character of its popular literature. The tendency of careless book-makers to cast their crude productions upon the public has hitherto been so strong as to bring discredit upon the idea of popular science. It is intended to counteract this tendency by publishing a series of popular scientific books, prepared by the leading thinkers of different countries, and known as the *International Scientific Series.*"

The publishers have been fortunate in securing the services of the great English scientist, Prof. Tyndal, to prepare the initial volume of the series. He has chosen for his subject "*The Forms of Water in Clouds and Rivers, Ice and Glaciers,*" and it is handled with his usual clearness and skill. There is a great charm in Tyndal's style, and the reader is carried along by the great master mind by easy stages, until, almost before he is aware of it, he is master of the subject. His description of the wave theory of light is exceedingly beautiful, and his illustrations, in which he sifts the sunbeam so as to intercept the light waves and allow the dark, or heat waves, to pass unimpeded, and *vice versa*, are very simple and telling. He shows that the heat waves may exist in a perfectly dark room sufficient to fuse metal, while the light waves contain no heat, and thus shows that it is not only the sun's fire which produces evaporation, but a particular constituent of that fire, the dark waves. It is these lightless waves which, falling on the glaciers, melt the ice, the light waves not having power to melt the most delicate hoar-frost. And so the reader is led along, step by step, from one point of interest to another, each point amply illustrated. He sees the causes of oceanic distillation, of tropical rains, and how the mountains act as condensers, and the formation of the beautiful crystals of ice and snow, showing how each particle of water floating

in the atmosphere has its attractive and repellant poles, such as we see in the magnet. The beautiful crystaline forms and the fairy architecture which we see in the snow and ice are explained.

Want of space forbids our following out the writer's train of thought. The work is a thoroughly scientific treatise, without the dry detail of the text-book, and gives the reader, in language and illustrations easily understood, the result of the latest investigations upon the subject of which it treats.

The works of Prof. Tyndal will possess an additional charm to the thousands who will have the pleasure of listening to his lectures during his present visit to this country. It speaks well for the growing taste of our community for scientific culture when we see the eighteen hundred seats of the Hall in Cooper Institute filled night after night by a thoroughly appreciative audience to listen to lectures upon science. Among the audience are seen not alone the professional scientific investigator, but merchants, and lawyers, and doctors, and divines, and artisans. Men of all grades and all positions, from the judge to the simple mechanic, meeting here on common ground, drinking in the same great lessons of truth, and learning more and more of the beautiful harmony of the divine mind as displayed in all his works. Science, after all, is the great democracy, the leveler of all distinctions. The more we study the laws of nature, the more our minds become attuned to the great law of beauty and harmony, which runs, like a beam of light from the divine mind, through all his works.

CALIFORNIA; FOR HEALTH, PLEASURE, AND RESIDENCE. By CHARLES NORDHOFF. New York: HARPER & BROTHERS, Publishers.

MR. NORDHOFF has been so long and favorably known to the reading public, in connection with the great publishing house of Harper & Brothers, as the managing editor of the *Evening Post*, as a brilliant essayist and charming writer of books, that any work coming from his pen will be read with more than ordinary interest. It is no longer essential in good society that a person should have made a trip to Europe, have tramped over the Alps, and have floated in the gondolas of Venice, along her canals, and visited every picture gallery and ruin in Rome. The tide of pleasure travel along our eastern sea-board is rapidly turning westward, and we are learning that our own country possesses grander scenery, more beautiful landscapes, and brighter skies than anything of which Europe can boast.

Mr. Nordhoff's book, to the traveler seeking after pleasure or health, is packed full of just such information as he needs, told in the most graphic and charming manner. We are taken leisurely over the mountains and along the plains, stopping at points of interest, and making detours into the mountains to visit lakes, and springs, and natural curiosities, such as can be seen in such grandeur and beauty nowhere else in the world.

The greatness of California, its beauty, and wealth, and grandeur, its fertility of soil, its immense agricultural and mineral resources, its wonderful fruits, and delicious wines, all seem to appear before us as if produced by the wand of an enchanter. As he describes the bright skies and the air full of life and strength, of some favored spot, we involuntarily ask why should our invalids, the worn-out men of business, the consumptive, the dyspeptic, seek a foreign clime when one so much more genial can be found in our own land?

The physician will find one of the most interesting chapters in the book, that devoted to climate. He often hesitates in recommending his patients to go abroad, when in doing so he knows he is putting a stormy ocean of three thousand miles between them and their homes. Now, a few days' ride, in a comfortable car, furnished with almost every luxury and comfort to be desired in traveling, takes one away from our chill winds into a bright and genial clime. He says: "Southern California presents a most gloriously invigorating, tonic and stimulating climate, very much superior to anything I know of, the air is so pure and so much drier than at Mentona or elsewhere; and although it has those properties, it has the most soothing influence on the mucous membrane, even more than the climate of Florida, and without its enervating effect. It is quite as stimulating as Minnesota, without its intense cold.

"All the leading physicians in the world agree that a tonic, stimulating, dry climate is the best for the great majority of cases suffering from pulmonary disease, or from a lowered vitality. The patient needs a climate in which he can spend most of the day out of doors. In Mentona and in the towns of the Rivere, the doctors always advise the patients to be in the house one hour before sundown, the changes are so great, and not to go beyond prescribed limits, because the winds are so cold and the draughts severe. In California I have constantly been out evenings. During the past winter, out of one hundred and fourteen days, I have spent one hundred and six in the open air. This was part of November, December, January, and February.

"Italy is generally a poor climate for invalids, and the pure blue Italian skies are not to be compared to ours; at least, with anything west of the Mississippi. One can come to California and spend the winter as cheaply as at Vevay, Clarens or Montreux—and those places are the cheapest winter resorts in Europe. For instance, at Santa Barbara or at Hortons, in San Diego, one can board by the winter at $48 a month."

We append a short extract from meteorological tables given at the end of the book. At San Bernardino, during the month of January, there was but one rainy day, and but one day when the wind was very strong. The average temperature was 58°. In February there were two rainy days, and no day when the wind was very strong. The average temperature was 62°. In March there were no rainy days and no strong wind. The average temperature was 64°.

In *Santa Barbara* the average of the daily observations were: In December, 52.12°; January, 54.51°; February, 53.35°; March, 58.42°. The air is clear and dry.

In conclusion, we have only to add, the work is beautifully illustrated, some of the engravings being gems of art.

GENERAL AND DIFFERENTIAL DIAGNOSIS OF OVARIAN TUMORS, &c. By WASHINGTON L. ATLEE, M. D. 8vo, pp. 482. Philadelphia: J. B. Lippincott & Co. 1873.

THIS work of Dr. Atlee's is unquestionably one of the ablest that has ever been issued from the medical press of this country. It possesses not only the merit of ability, but is remarkable also for original-

ity and for the most perfect candor. Dr. Atlee seems to take us at once into his confidence, and in the most genial and unassuming manner goes with us over the subject in hand, explaining the steps he took in attaining a position, second to none, as an accurate diagnostician. "The reader, in perusing this volume," says our author in his preface, "will notice that, while the text carefully indicates the particular points of diagnosis, the illustrative cases frequently reveal errors committed by the author. He has purposely drawn from his early experience, at a time when he was most liable to err, in order to illustrate, step by step, the progressive advancement of knowledge in the diagnosis of abdominal tumors, and to show that the observer in this, as in other forms of disease, must necessarily be educated by repeated observations before he can be qualified as an expert. He has written only for those who have not traveled over so large a field as himself, and who, warned by his mistakes, may thus be guarded against the quicksands which he encountered in his earlier professional career. Mistakes teach most valuable lessons, and when discovered are not likely to be repeated. Hence, in medicine, they should be recorded for the benefit both of science and humanity. It is on this account that the author has not shielded himself from his own criticism and has been free in the acknowledgment of his own faults in diagnosis. Having commenced the study of this subject at a period when not only the literature of the profession was greatly deficient, but when the whole medical world denounced and opposed ovariotomy, he had little else than the book of nature before him and the consciousness of right to sustain him. He greatly needed just such written clinical instruction as is herein presented to the profession. Had his pathway been illuminated by a similar beacon, he is satisfied that humanity would have been the gainer, and that his own record would have been better." Having thus indicated the method he proposes to adopt, the author plunges at once *in medias res*. There is a natural surprise on the part of the reader, because he is led directly at the subject in hand without any preliminary discussion about the pathology of ovarian tumors. The reader will also be agreeably disappointed in missing the customary repetition of the time-worn experiences and opinions of others. Dr. Atlee depends on his own ripe experience and draws from his own ample resources. He starts out with the expressed intention of teaching the general and differential diagnosis of ovarian tumors; he keeps steadily, thoroughly, and exhaustively to his subject, and when the end of the volume is reached we feel that there is nothing more to be said. We select, almost at random, some passages illustrating the author's views on various points and giving an idea of his style:

"*Tapping.*—One of the most important means of diagnosis in ovarian tumors is tapping. It generally affords us undoubted information of the presence or absence of ovarian disease, aids us in detecting adhesions, and in deciding upon the true character of the tumor. As a means of diagnosis, however, tapping should not be performed in the early period of the disease, unless it be done in reference to the propriety of ovariotomy, yet it would not be improper to tap at any period with a view of relieving urgent symptoms not amenable to ordinary medication. On the other hand, ovariotomy ought never to be attempted by the inexperienced surgeon, should he not be able to avail himself of enlightened counsel, without previously resorting to tapping as a means of diagnosis. Several cases of ovariotomy have been attempted where *no tumor* was found. Had these proceedings been premised by tapping, these patients might have been saved a hazardous operation, their surgeons extreme mortification, and the charge of 'difficulty of diagnosis'—as an argument against ovariotomy—to this extent at least, could not have been maintained. The only two operations in this city where 'no tumor' was found were performed by two very respectable surgeons,—one of them quite distinguished,—and in neither case, as I have been informed, did they avail themselves, in their very limited experience in the treatment of ovarian diseases, of this indispensable means of diagnosis."

The value of tapping as a means of diagnosis becomes more apparent when we consider the use of the microscope in revealing the nature of the fluid. Dr. Atlee gives special prominence to the fact that a free, delicate *granular cell* is characteristic of ovarian fluid, and in no disease can the microscope be of more assistance than when used according to our author's directions for the diagnosis of ovarian tumors. Four cases of cysts of the broad ligament are given in detailing the diagnostic steps to be taken in that disease, and then our author continues:

"Now, after having detailed these four interesting cases, let me recur to the question, How can we distinguish an ovarian cyst from this form of cystic dropsy? The answer is, *By the character of the fluid.*

"In recording the first case I made this memorandum: I took from the patient a large bucketful of *beautifully clear, transparent fluid, which did not coagulate either by heat or nitric acid. The fluid was so clear and transparent that the fibrous structure of the boards forming the bottom of the bucket could be readily seen and appeared to be magnified.*

"In the second case the record is: Eighteen pints of *clear, transparent, crystal-like fluid, very thin, free from any tinge in bulk. It gave no reaction with litmus-paper, and did not coagulate by heat. Placed in a wineglass and examined by transmitted light, it exhibited a slight opalescent tinge.*

"In the third case: Thirty-five pints of *transparent fluid, as clear as spring-water. The fibres of the wooden bottom of the tub could be distinctly seen through it. It did not coagulate by heat, but when boiled, exhaled an osmazome or soup odor.*

"And in the fourth case: Fifty-one pints of *serous, transparent fluid having, in the sun's rays, a slightly bluish tint and quite free from albumen.* * * *

"Here I will digress a moment to observe that up to this period of my experience I had supposed that medication, after tapping, was necessary in order to complete the cure of this form of dropsy. Further observation, however, has satisfied me that tapping alone will sometimes be followed by a disappearance of the disease, particularly when the operation is performed by a large trocar. If the opening through the thin cyst remains patulous, so that the fluid, as fast as it is generated, can escape into the cavity of the peritoneum, the accumulation

will not recur. The fluid, in these cases, unlike ovarian fluid, is absorbable by the free surface of the peritoneum, and if the absorbents are sufficiently active it will be readily taken up. Sometimes the opening in the cyst closes up and the accumulation of fluid recurs: Hence, to meet these contingencies, I have originated the operation, to be hereafter referred to, of making a small opening in the linea alba, tapping the cyst, and afterwards drawing out and excising a portion of it, and returning the remainder, so that closure of the opening cannot thereafter possibly take place."

As illustrating the importance of tapping for diagnostic purposes in doubtful cases we give an abstract of one of Dr. Atlee's cases (case XXVIII) with the author's remarks. This case was considered as one of ascites coexisting with ovarian tumor and was so reported by Dr. T. Gaillard Thomas in his paper on the "Diagnosis of Malignant Diseases of the Ovaries."

"Case XXVIII.—*A multilocular ovarian tumor mistaken for a case of 'ascites, complicated with ovarian tumor;' tapped six times, ovariotomy.* April 13th, 1871, Dr. W. K. Brown, of Brooklyn, New York, called at my office to consult me about a case of abdominal tumor. From the very intelligent account rendered by him, I inferred that it was a case of multilocular ovarian tumor, and requested him, when the case was again tapped, to send me, by express, a specimen of the fluid. * * During my absence the patient was tapped, a portion of the fluid was received and examined by Dr. Drysdale, and decided to be ovarian. On my return from California on the 3d of June, I found a letter from Dr. Brown, urging me to visit Brooklyn, to operate on his patient. Dr. Thomas had seen the case Nov. 20th, 1870, and tapped her the same day, removing four gallons of dark-green, syrup-like fluid. She was tapped again—six times in all. After each tapping, a solid tumor could be detected occupying the right side, circumscribed, movable, and not tender on pressure. Dr. Atlee's diagnosis was; 'a multilocular ovarian tumor, with one large cyst occupying nearly the whole cavity of the abdomen.' The operation confirmed the diagnosis. 'The fluid was contained in one large, thin-walled, ovarian cyst, which was adherent to the walls of the abdomen. A large multilocular mass occupied the right side of the abdominal cavity.' *There was no ascites.*"

Dr. Atlee's remarks on this case are well directed. "I have not presented the above case with the most remote idea of criticising the valuable paper of Dr. Thomas, but merely to show how so astute and accurate an observer may be led into error, as well as to call attention to one or two methods by which such an error might have been avoided. So far as I can comprehend Dr. Thomas' opinion it is this: that a large accumulation of ascitic fluid with a comparatively small ovarian tumor is indicative of malignant disease of the ovary. In confirmation of this opinion he cites five cases of dropsy, one of which is the case above reported. With regard to this case he says: 'When I saw her, this accumulation was so immense as to cause her great pain and inconvenience from distension. Dyspnœa from pressure against the diaphragm was especially marked. In this case, as in case fourth, I was struck by the fact that in dorsal decubitus no point of resonance could be discovered upon percussion over the abdomen, which I attributed to the excessive amount of effusion. To make more certain a diagnosis at which I had even now partially arrived, I obtained Dr. B's consent to paracentesis, and drew off several large pailfuls of straw-colored serum.' It is just at this point that I wish to make an observation regarding the diagnosis in this case and in all other cases where 'the fluid is suspected of accumulating in such large amounts as to force aside the super-natent intestines, and produce dullness in place of resonance on percussion in dorsal decubitus.' Now, the object of the tapping, in such cases, is 'to make more certain the diagnosis,' and there are two methods by which this can be satisfactorily accomplished: First, *by continuing to percuss the abdomen as the fluid is escaping.* As the fluid diminishes in amount, if contained in the peritoneal cavity, the intestines will sooner or later float upon it unless bound down by adhesions, and *a resonant percussion sound will be returned* which will be manifested in the most elevated points on every change in the position of the body; but if the fluid is encysted, the resonant sound will be stationary. * * * Second, the diagnosis can be made more certain *by the physical and microscopical character of the fluid.* Sometimes the physical character alone will decide the question, but when it is a 'straw-colored serum,' resembling ordinary ascitic fluid, the examination by the microscope will determine its real nature and its true source, by detecting or not detecting the peculiar ovarian granular cell."

Our space is too limited for further extracts. We commend the work in the highest terms as the best on the subject, and one that should occupy a place in the library of every physician.

THE ANNUAL REPORT OF THE BOARD OF HEALTH, of the Health Department of the City of New York, for the year ending March 30th, 1872, long delayed by unavoidable circumstances, is now passing through the press. One hundred pages had been printed, but were burned in the fire which recently destroyed the *Express* office. It will form a volume of some 400 pages, octavo; and, besides the usual official reports of the several bureaus, will contain certain appendices of great interest to the medical profession, and to sanitarians. Among these we may mention an interesting report on "The Cerebro-Spinal Meningitis Epidemic" of 1872, by Morean Morris, M. D., late City Sanitary Inspector; illustrated with map and engravings; a report on "The Small-Pox Epidemic of 1871–2," by a Committee of the Sanitary Inspectors, giving some of the results and statistics of the work of the department in the management of that disease; a paper, by Commissioner Stephen Smith, M. D., on "Movements of Tenement-House Populations" (elsewhere referred to), and another, by the same gentleman, on "Summer Mortalities," fully illustrated by charts, etc.

SEVERAL sanitary works are in course of preparation, and will probably be published in the early part of the present year. Among them will be a little monograph on "House Drainage, Sewerage and Water Supply," by Henry R. Stiles, M. D., and James Ingram, both of whom are attached to the Board of Health; the former as Health Inspector, the latter as Assistant Engineer. The work,

which is very practical in its character, will treat of the nature, construction, and structural *defects* of the many domestic appliances common to the dwellings of the present day, such as water-closets, soil-pipes, sinks, privies, etc., etc.; and is designed to show especially the intimate relation between such defects and many forms of disease. The experience of the authors and official opportunities which they enjoy of examining into this subject, can scarcely fail to render the book of great value and practical interest to both laymen and professional men.

Another monograph on the Ventilation, Heating, and Interior Sanitary Construction of Houses, may also be expected from the pen of another of the City Sanitary Inspectors.

DR. HAMILTON has in preparation a practical work entitled "*Practical Electro Therapeutics.*" Dr. Hamilton is at the head of the State Hospital for the treatment of nervous diseases in this city, and his work is a record of personal experience such as cannot fail to be of great service to those of his professional brethren, who have less opportunity for practical acquaintance with this remedial agent.

Transactions of Societies.

THE MEDICAL SCIENCE ASSOCIATION.

[ABSTRACT OF MINUTES, DEC. 10TH, 1872.]

The President, Dr. EGBERT GUERNSEY, called the meeting to order.

Intermittent Fever.—The experience of Dr. BLUMENTHAL in the use of beberine as a remedy for this disease had been very satisfactory. He had used it in the ordinary allopathic doses, and had also given it in the homœopathic attenuations, his best and quickest results being obtained from the sixth attenuation. While residing in New Jersey he treated a number of cases of intermittent fever. His attention was at one time called officially, as chairman of a committee from the State Society, to the practice of a physician who was said to be very successful in their treatment, but was charged with using "secret remedies."

The charge proved to be unfounded. The treatment was as follows: The patient was treated with quinine and tartar-emetic powders, each powder containing half a grain of quinine and an eighth of a grain of tartar-emetic. These powders were taken three times a day until the intermittent fever subsided, and then, for ten days afterward, a daily powder of arsenicum 1st was given. Dr. BLUMENTHAL had used this prescription himself and thought well of it, although he preferred smaller doses and single remedies.

Dr. MINOR thought the proportion of tartar-emetic was too large, and that troublesome nausea and vomiting would be produced in a majority of cases by the administration of an eighth of a grain three times a day.

Dr. EGBERT GUERNSEY relied principally upon quinine. He does not consider the objections of some to the use of quinine, on the ground that patients so treated do not "stay cured," are well founded.

In his experience, quinine cures were as radical cures as any others. He has known those who were reported cured by the potencies to relapse again, and a certain proportion of relapses may be expected under any treatment; but no remedy has, in his hands, produced such quick, permanent and satisfactory results as quinine.

Dr. HALLOCK cured a case, several years ago, with natrum mur., 200. He was called in consultation to the case by Dr. J. G. Baldwin. The low potencies had been already used unsuccessfully, and it was concluded to try the high potencies. Natrum mur. was indicated, and one dose of the 200th potency given. The patient never had another chill. The doctor mentioned this case not as illustrating his practice—for he rarely uses the high potencies—but as an interesting cure that astonished both patient and physician.

THE QUESTION OF DOSE.

Dr. DOUGHTY related some cases of syphilitic periostitis, in which the pain and cachexia had been removed by large doses of iodide of potassium, from twenty to sixty grains three times a day.

The question was raised whether this treatment was homœopathic.

Dr. BROWN, in reply to the question, considered the treatment just related as strictly homœopathic. The provings of iodide of potassium show that cachexia, articular swellings, pains in the bones, and many of the symptoms peculiar to the secondary and tertiary forms of syphilis, are produced by this drug. When the drug cures or relieves those symptoms, it does so in accordance with the homœopathic law, no matter what the dose may be. "*Similia similibus curantur*" is a law of cure, and not a law of dose; the question of dose is a matter for individual experience to determine.

MERCURIAL POISONING IN DENTAL PRACTICE.

Dr. MINOR presented to the Pathological collection of the Association an inferior maxillary bone which he had excised. The case was one of necrosis following the application of arsenic for the purpose of killing the nerve. The point, however, to which the attention of the Association was directed, was the occurrence of salivation, produced by the insertion of an amalgam filling into a tooth when the surrounding parts were inflamed and vascular. He asked the experience of the members as to the effects observed from amalgam fillings, and from the use of artificial teeth supported by rubber plates.

Dr. W. N. GUERNSEY knew of three reported cases of salivation produced by amalgam fillings.

Dr. BLUMENTHAL had seen three cases in his own practice where the use of artificial teeth with rubber plates had produced symptoms of mercurial poisoning.

Dr. RICKABY had met with one case like those mentioned by Dr. Blumenthal.

Dr. E. GUERNSEY could refer to six cases where the rubber plates had been the cause of trouble to the wearer on account of the mercury contained in the plates.

THE ACTION OF QUININE AND ERGOT ON THE UTERUS.

Dr. W. N. GUERNSEY reported the following case: Recently he saw, in consultation, a woman, aged 37, the mother of ten children, the youngest of whom was two years old, who sought medical aid for a swelling at the seat of an old ventral hernia. It had not attracted her attention until three weeks

previously. She had noticed none of the usual signs of pregnancy; there was no discoloration of the areola around the nipple, no abnormal sensation in the breasts, and her menses had been perfectly regular until the last, which commenced three weeks before, and had not ceased to flow.

There was noticeable a round, prominent tumor in the subumbilical region, which was movable, and the hand could be pressed below it against the spinal column.

Conjoining a vaginal examination with the abdominal palpation, the tumor was diagnosed to be an impregnated womb, which probably contained a fœtus of three and a half months. As the hæmorrhage was profuse, and the os internum considerably dilated, secale cornutum was advised to be given in frequently repeated doses.

The physician in charge reported three days afterward no change in the symptoms. Dr. Guernsey then recommended quinine in grain doses. In one half hour after the administration of the first dose, strong uterine pains commenced, and within three hours the fœtus and placenta were expelled, both of which showed evidences of commencing decomposition. The secale used was Squibb's fluid Extract.

There were three points of interest: the delusive history, the preternatural mobility of the uterus, and the prompt and effective action of quinine as a uterine stimulant.

During the past year, the attention of the profession has been occasionally called to the usefulness of quinine in promoting uterine contractions. One writer has spoken highly of its use in parturition, considering it more reliable than ergot.

Dr. E. GUERNSEY had often seen good results obtained by quinine in menorrhagia arising from an atonic condition of the uterus.

Dr. W. N. GUERNSEY referred to the use of ergot in arresting threatened abortion. He narrated a case reported by Dr. A. K. Gardner where abortion seemed imminent; and opium, subacetate of lead, and absolute rest had been of no avail in arresting the pain and hæmorrhage. As the hæmorrhage was profuse, and life seemed at stake, secale was given with the intent of emptying the uterine cavity. To his astonishment, pain and hæmorrhage ceased, and at full term the mother gave birth to a healthy child.

In reply to the question asked by Dr. Blumenthal, if secale in large doses acted in these cases under the law of "similia similibus curantur," Dr. E. Guernsey mentioned several instances of its arresting uterine contractions. He said it acted quickly either to excite or to arrest them. Dr. Hallock said his experience with the drug coincided with that of Dr. Guernsey.

PUBLIC HEALTH ASSOCIATION OF NEW YORK.—A series of informal meetings held during the summer months of 1872 resulted in the organization of an association of individuals interested in sanitary studies. The following gentlemen took part in these preliminary meetings and became members of the organization, viz.: Charles F. Chandler, Ph. D.; Carl Pfeiffer, Augustus Viele, M. D.; Elisha Harris, M. D.; Stephen Smith, M. D.; Edward H. Janes, M. D.; Chas. P. Russel, M. D.; Henry R. Stiles, M. D.; Nicholas L. Campbell, M. D.; Admiram Judson, M. D. On the 15th of August, 1872, this association was formally organized by the adoption of a constitution and the election of the following officers: President, Stephen Smith, M. D.; Vice-President, Chas. F. Chandler, Ph. D.; Recording Secretary, A. B. Judson, M. D.; Corresponding Secretary, Carl Pfeiffer; Treasurer, E. H. Janes, M. D.; Chairman of Executive Committee, Elisha Harris, M. D. The objects of the association are "the advancement of sanitary science and the promotion of organizations and measures for the practical application of public hygiene;" its membership is open to all, of whatever profession or calling, who have an "interest in or devotion to sanitary studies, and allied sciences, and to the practical application of the same."

September 20th, at the society's first regular scientific meeting, an exceedingly interesting paper was read by the President, Dr. Stephen Smith, on "The Movements of Tenement-House Populations in New York City, with suggestions as to methods of preventing overcrowding and of providing the laboring-classes with improved dwellings." The reading of the paper (which, we understand, is to be published in an enlarged form in the forthcoming report of the New York Board of Health) was followed by an exceedingly interesting description by Mr. Lorin Blodgett, of Philadelphia, of the system of building small and cheap homes for the working-classes in that city; and also by some remarks on English tenement-houses by Mr. W. E. Worthen. Miss Dr. Mary C. Putnam and Dr. H. R. Stiles also contributed to the discussion of the subject.

October 30th, at a regular meeting, a paper was read by the President on "Sanitary Legislation, Organization and Work in the City of New York."

At a public meeting held in the Chapel of the Reformed Church, corner of Fifth avenue and Twenty-ninth street, on the evening of December 7th, an elaborate and thoughtful paper was read by Dorman B. Eaton, Esq., former Counsel to the Metropolitan Board of Health, on "Sanitary Legislation in England and New York." Mr. Eaton was the framer, in a great measure, of the Metropolitan Health Law, virtually the same as the present law; and his intimate acquaintance with the subject, enlarged by careful study of English and foreign health legislation during his recent prolonged absence abroad, rendered the paper one of great interest and value. It will probably be published in full by the association. Mr. George W. Hastings, general secretary of the British Social Science Association, gave a detailed and graphic statement of the nature and operation of the "Contagious Diseases Act" in England. His earnest and forcible presentation of its results, as derived from his personal experience as one of the Royal Commission appointed to investigate the workings of the act, was listened to with the deepest interest by the large audience assembled, among whom we noticed many of the leading sanitarians, health-officials, &c., of New York and Brooklyn.

December 12th, regular meeting. The evening was well occupied in the discussion of current sanitary topics.

The association now numbers twenty-four resident members, embracing gentlemen of various professions, such as lawyers, doctors, architects, scientific students, &c., and bids fair to enjoy the success which its object so greatly demands.

We are pleased to see that the claims of sanitary science and public hygiene have been recognized by the Faculty of the New York Homœopathic College, who have provided for a course of special lectures on those subjects in the current session of the college. Dr. Henry R. Stiles, one of the Health Inspectors of the city (and formerly connected with the old Metropolitan Board in Brooklyn), has been lecturing to the students on sanitary topics, with marked success.

Scientific Gleanings.

GAROTTING AT GUY'S HOSPITAL.—We read in the *Guy's Hospital Gazette*, of a class of cases which in the opinion and according to the practice of the writer, "are benefited by being garotted." "One night," this gentleman relates, "going round the wards I found a girl in a hysterical fit; she fought and struggled vigorously with her nurses. Hating all rows, I grasped her throat and held it firmly till the astonished girl gasped out, 'You are choking me!' I then relaxed my hold and promised her a repetition of the performance. She was thoroughly cowed after having two more fits, and, being twice nearly choked, her alarm was so great that, though every night previously she had had fits, she desisted, and in a month afterwards her mother told me with joy of her complete recovery. A few days later Mr. Stocker, whose experience is immense, told me how beneficial this plan was, and said, 'You may remain for hours fighting with a screaming girl, but carefully choke them and they immediately subside—*it is unpleasant for them, it frightens them.*'" The italics are those of the accomplished proficient in the art of choking. It is a great pity that this valuable contribution to medical science is not entirely complete. In case the paroxysm is not controlled by the patient being "nearly choked," we would naturally infer, and it is indeed very reasonable to suppose, that success would crown our efforts if we carried the treatment a little farther and *quite* choked the patient. The muscular doctor will be glad to know that the same principle has been lately carried out in the New York Hospital, where the approved method was to tear off the clothes of the patient, prick her with lancets, drag her around the room and beat her. The case treated thus in the New York Hospital also recovered, but her mother did not come back "with joy" to tell about it, although the treatment was, no doubt, "unpleasant." In the Lunatic Asylum, on Ward's Island, the same treatment has been carried out even more thoroughly. The cases permanently cured have all been buried, and those under treatment are doing as well as could be expected. We suggest to the Governors of the New York Hospital, and to the Commissioners of Charity, that a professional garotter be added to the medical staff of all our hospitals, and that Mr. Stocker, "whose experience is immense," be induced to communicate his views to the profession at large as to the best methods of quieting nervous excitement.

A NEW METHOD OF TREATING ULCERS is described by Mr. Cowan in *The Lancet*. "Knowing as we do," says the author, "that an ulcer has the power of absorbing matters applied to its surface (any one can try the experiment with black-wash to a moderate sized ulcer for a few days, when mercurial salivation will begin), it occurred to me to avail myself of so excellent a property by applying locally matters having nutritive powers, so that the skin might be nourished locally at the weakened and degenerate spots, to enable the skin to take up such material as would nourish its weakness, and convert its brittle state into a plastic and healing one. The natural secretion of an ulcer, the so-called laudable pus, may it not be a nourishing juice specially thrown out to feed the young growing granulations? If so can we not add to this by artificial manuring?

Such is the theory, and accordingly the doctor puts his famished ulcers on a nourishing diet as follows:

"Flour, four ounces; powder of acacia, one ounce; powder of tragacanth, half an ounce; one egg; chalk, two drachms; cold water, one pint." These ingredients are to be thoroughly mixed and placed in a saucepan over the fire. As soon as it boils, or a minute or two after, it is to be removed from the fire. It must be thin enough to spread over the ulcer on a brush, and thick enough to remain on the ulcer. If the directions given yield too thick a paste, a little boiling water may be used to thin it. Each patient is provided with a small bottle and brush, and is directed to paint his ulcer all over three or four times a day, and keep it covered with a soft piece of rag. No other treatment is required. The patient should come for a fresh supply of the paste every day, and the bottle and brush should be washed out daily in order to keep them fresh and sweet. This treatment has the merit of being simple, rational and painless, and, according to the author, is more efficacious than the usual methods. A number of cases are given showing that in its author's hands this method succeeded in some cases of long standing after the failure of other means, skin-grafting included.

ATMOSPHERIC WAVE.—By a careful examination of the reports as received from the signal stations located on or near the Pacific coast, it appears that on the 12th of November, an atmospheric wave, similar to that which makes its annual appearance on the coast of England and Western Europe, began to break over the shores of Oregon and British Columbia. By the evening of the 12th it had spread over nearly the Pacific States and Territories, and at midnight was passing through the gorges of the Rocky Mountains, descending in turn, upon Colorado, Nebraska, Kansas and the Indian Territory. On Friday, the 15th, its eastern limit marked a course from Washington Territory on the north to the Lower Mississippi Valley on the south. Should this wave of air, which in the date and method of its approach so closely resembles the English one, continue, like that, in a series of successive undulations for several months, its presence will serve to account for our American winter storms, showing that they have their origin in the Rocky Mountains, where the moist air from the coast encounters and is condensed by the cold dry atmosphere of the mountain summits, the result being those overwhelming snow storms that are the dread of the Western traveler. This would seem to prove the correctness of the theory that our cold weather comes from the West instead of the North.

DISINFECTANTS.—In the Central Chemical Department of Public Health at Dresden, numerous researches have been recently made with various disinfectants. The value of chloride of lime and sulphuric acid, which form the most effectual disinfecting material, is here given by 100, while the remaining numbers show the value of the other materials as compared with this standard:

Chloride of lime, with sulphuric acid	100
" " " sulphate of iron	99.0
Luder and liedloff powder	92.0
Slaked lime	84.6
Carbolic acid, disinfecting powder	85.6
Alum	80.4
Sulphate of iron	76.7
Chloralum	74.0
Sulphate magnesia	57.1
Termany fat with sulph. acid	51.0

CONTAGION.—M. Kletzinsky, noticing that persons sick with small-pox were often visited by flies, placed near an open window of the hospital, a saucer filled with glycerine. The flies gathered about it and were caught like birds with glue. In endeavoring to free themselves, the foreign matter adhering to them was left in the glycerine, which was carefully examined by the microscope. The glycerine was found to be full of strange cells, similar to those seen by persons attacked with small-pox, but never found on the fly. This discovery shows that flies can be a very dangerous means of spreading contagious disease.

THE annual meeting of the British Homœopathic Congress was held at York, on the 4th of September. In addition to the president's address, papers were read: "*In what way is the action of drugs to be discovered?*" by Dr. Sharpe; "*On the plan and value of baptisia in the treatment of typhoid fever,*" by Dr. Hughes; and, "*On the physiological action of serpent poison,*" by Dr. Tybner. We have not space for the report of the discussions, or these papers, which were full and interesting.

INTERMITTENT FEVER.—Dr. Dujardio Beaumetz speaks highly of carbozotate of ammonia in the treatment of intermittent fever, from one-third to two-thirds of a grain daily being sufficient to suppress the paroxysms. Like quinine, it diminishes the strength of the pulse and induces languor, cephalgia and even delirium, and finally is eliminated from the kidneys. In many cases where quinine had failed, the drug worked a speedy cure.

CHLORAL IN SEA-SICKNESS.—Dr. Ogilvie Will says, in a severe voyage across the Atlantic he gave chloral in eighteen cases of sea-sickness, and in only one did the drug fail to produce relief. He gives thirty grains in sweetened water, directing the dose to be repeated if relief does not follow in twenty minutes. He advises a little light, easily-digested food to be taken before sailing, and directs the choral to be taken and the patient to lie down on the first symptoms of the sickness presenting themselves.

ANTIQUITIES.—In Egypt, mummies have been found with teeth filled with gold, and in Quito a skeleton has been found with false teeth secured to the cheek bone by a gold wire.

In the museum at Naples, among some of the surgical instruments discovered at Pompeii, there is a *fac simile* of Sims' speculum.

News Items.

THE BROOKLYN LYING-IN ASYLUM is negotiating for a new building. The lady managers propose establishing, in connection with this institution, a nursery, a dispensary for the treatment of diseases of women, and a school for nurses.

THE HAHNEMANN HOSPITAL of New York has broken ground for its new building. This hospital will cover ten lots (half a block) on Fourth avenue, between Sixty-eighth and Sixty-ninth streets.

DR. ALBERT E. SUMNER has recently been appointed a member of the Brooklyn Board of Examining Surgeons for Pensions, and has been elected Secretary of the Board.

DR. H. M. PAINE, of Albany, writes: "We are about starting a homœopathic hospital here; one has just been organized in Buffalo."

THE BROOKLYN HOMŒOPATHIC HOSPITAL will be formally opened about the first of January, 1873.

DR. WILLIAM M. GUERNSEY has been appointed Physician to the Home for the Friendless, in place of Dr. C. T. Liebold, resigned.

DR. VERONA has received the appointment of Resident Physician of the Brooklyn Lying-In Asylum.

DR. H. B. COLE is expected to return soon from Vienna to take the position of House Surgeon in the Brooklyn Homœopathic Hospital.

THE NEW YORK OPHTHALMIC HOSPITAL was formally opened Dec. 16th, 1872.

Obituary.

DR. JACOB BEAKLEY, the founder of the New York Homœopathic Medical College, and until the past two years its Professor of Surgery and Dean of the Faculty, died at the residence of his brother, Dr. Henry Beakley, at Peekskill, in September last, in the 61st year of his age. Dr. Beakley was one of the earliest homœopaths in this city, embracing its doctrines and advocating them with zeal at a time when it required some courage to enter the ranks of a school comparatively new, and with but few adherents, exposing himself to the ridicule and sneers of old friends and professional associates. In a short time he obtained a lucrative practice. This he afterward relinquished in accepting the position of Professor of Surgery in the Homœopathic College but recently established in Philadelphia. In a few years he dissolved his connection with this school, and by his own energy, and in a great measure at his own private expense, started the college in New York. His students, now scattered all over the country and doing good service in the ranks of our profession, and in nobly upholding the standard of medical reform, will remember him only with feelings of tenderness. The good he has done lives after him. The seed he has sown has already ripened into a rich harvest. Who is there, remembering his own fallibility, will cast a stone on the new-made grave?

Original Articles.

PETROLEUM—ITS ORIGIN AND RELATION TO MEDICINE.

By Robert A. Chesebrough.

Petroleum is one of the most curious, as well as one of the most interesting, of the spontaneous productions of the earth. It seems to have been well known to the ancient Greeks and Romans, and to have been used by them for various purposes; Tacitus, Pliny and Vitruvius mention it, and Herodotus refers to a spring of bituminous liquid flowing in Zacinthus, one of the Ionian islands, two thousand years ago, and it is probable the spring had existed for a long period before his time. Bakoo, on the borders of the Caspian Sea, and the Ragoon district on the Irrawaddy, are remarkable for their large yield of petroleum from ancient times. From the latter source the Burman Empire and India have been furnished with vast supplies of oil for an unknown period, amounting at one time, it is said by Symes (Embassy to Ava), to an annual yield of 400,000 hogsheads from some 500 wells. It seems to have been principally used in a crude state in lamps for lighting, for preserving timber against insects, and as a medicine. Large supplies have been more recently obtained in Italy, in Southern Russia, and the history of its discovery and the enormous yield obtained in the United States are too recent and well known to need repetition here. The origin of petroleum seems to be exceedingly obscure, and no satisfactory solution of its formation has as yet been given to the world. While some authorities have considered it as of volcanic origin, basing this opinion on its being found in volcanic districts, others have deemed it to be a drainage, as it were, from the cannel and bituminous coal measures, which coal yields on distillation an oil similar in character and elements to the natural earth oil. Near Vesuvius a spring of petroleum rises up through the sea, and around the volcanic isles of Cape Verd it is seen floating on the water. But although petroleum is obtained in proximity to the coal measures, it is also found in geological formations where coal does not exist, in fact it is oftener so found; and again, where the most prolific of oil-yielding coals in the world have been found, viz: the Boghead of Scotland and the Albert of New Brunswick, no trace of petroleum has been discovered. In Canada West, bordering the Lakes, large deposits of petroleum occur lying near the surface, and this in a district outside of the coal limits. It has also been maintained that petroleum was the result of vegetable organic decay, but the main basis for this theory is the accepted starting point that it emanates from coal; but if we discard this source of production, as the proofs would seem to oblige us to do, this theory is left without support. Certainly, petroleum presents in itself no evidence of being of vegetable origin, its characteristics and elements are entirely different, and though we allow that the distillates of cannel coal are similar, there is much more reason to deny that cannel coal results from organic decay than to admit that origin for petroleum.

Petroleum is composed of hydrogen and carbon, the proportions of which differ according to its density or body, the heavier oil containing the most carbon. It will not absorb oxygen, and does not, therefore, as do all known oils or animal substances, oxydize or decompose in time or from exposure.

In the deep wells of Pennsylvania the crude oil found is exceedingly light in body, is highly inflammable, and of a spirit-like nature, showing a large excess of hydrogen, while the oil obtained in West Virginia from shallow wells possesses a far greater viscidity, is not at all inflammable, and shows an excess of carbon. By boring deep wells in the same region, light oil is obtained similar to the Pennsylvania, and it holds good as a rule all over the world, that the heavy oil is found near to the surface, while the light oil is obtained at a considerably greater distance below; and when found on the surface it becomes by exposure, bitumen or asphaltum, having parted, by evaporation, with nearly all its hydrogen. Now, there can be no doubt, and it is universally conceded, that these oils of different density were originally the same, all proceeding from the oil of light gravity, distilled down, as it were, by the natural heat of the earth, or from exposure on the surface. As a proof of this fact, if we take a large kettle of light gravity petroleum, place fire underneath and slowly evaporate it, the oil in the kettle gradually becomes denser and assumes the character and appearance of the heavy crude oil; then as the process is continued, it appears like bitumen, then it becomes a lustrous solid asphaltum, and finally when evaporated to perfect dryness, the residuum bears a striking resemblance to cannel coal.

It is with extreme diffidence and caution that we venture to uphold a theory greatly at variance with the teachings of modern geology, but when in defence of these teachings the proof offered is chiefly negative and the reasoning abstract, and on the other hand the proof seems direct, and, to us, the reasoning conclusive, it is in the interest of true science that the merits of both should be investigated. We are taught by the geologist that coal has been formed in the earth from vegetable decay, that vast forests swept down by time and the convulsions of nature have left their remains congealed and compressed in the shape of coal deposits. By what chemical process organic fibrous matter has been changed into compact masses of hydrogen and carbon is not explained, nor why coal lies in veins and drawn out seams, rather than in vast tracts or huge pockets as it would seem natural it should do, were this theory the true one, we are not told. Undoubtedly, peat is the result of vegetable decay; it bears every evidence of its origin. It lies as the forests fell, in large tracts, never running out into seams or lines as do the coal measures, is dissimilar in all respects to coal, and is not found in the coal districts. It has been held that coal was the ultimate result of peat, but there is an absence of all proof to sustain this, and the accepted theory of the coal formations sufficiently refutes such a conclusion. The geological formation necessary to the production of coal is absent in the peat deposits, and underlying the coal deposits is found the sandstone formation, which is wanting under the peat beds. In fact, the appearance, localities, products and characteristics of the two substances show an entire dissimilarity. Geologists agree in classing the different varieties of coal, viz: the cannel, bituminous, and anthracite as one series, of identical origin, only evaporated down by heat and time to different degrees of dryness; and there can be no doubt but that this is true. On the

James River, near Richmond, Va., there is a natural bed of coke, underlying which and interspersed with trap rock and apparently baked fire-clay is a layer of coal, under this a deposit of half-coked coal, and still farther down a layer of bituminous coal. By subjecting bituminous coal to artificial heat we have, as an ultimate result, coke, but by subjecting peat to artificial heat we have, as an ultimate result, charcoal, similar in structure to wood charcoal, thus clearly showing its organic parentage, and indicating the contrary for coal. Now, if coal is not a deposit of organic matter, what is it? We answer, we believe it to be solidified petroleum, and claim that the proofs to sustain this belief seem direct and conclusive, while we can discover no evidence in contradiction. Let us look for a moment at a few of these proofs, as we call them.

First: Petroleum evidently runs in veins or streams in the earth, filling up the chinks and cracks in the sandstone formation, in which it is found, which seems to be necessary to its retention, and from which it is extracted by wells of varying depth. The striking of one well contiguous to another has often resulted in drawing off the supply of oil from its neighbor, thus proving that the two wells tapped the same stream. Originally, nearly all the wells yielding oil of light gravity in Pennsylvania were at first flowing wells. Now a flowing well is a great exception, and the reason is obvious. The district is honeycombed with well-holes, and the pent up gas which forced the oil to the surface has escaped, thus clearly demonstrating that the supply below runs in communicating streams, branching off in different courses. A glance at the coal seams will exhibit identical features. These seams or veins wind through the earth like small streams, here and there branching off from the main artery and ending in small pockets, and sometimes returning to it in uncertain and wayward courses, just as though these streams had originally been liquid and had forced their way wherever they could find vent. Underneath these seams lies the same sandstone which retains the petroleum, forming now the bed of the coal. As the petroleum veins lie at varying depths, being forced up by the pressure beneath into the cracks and breaks of the sandstone, so likewise lie the coal veins, some near to the surface, others far beneath it. To account for the meandering veins of coal on the assumption that they were once liquid seems easy, while to account for the mystery of vegetable deposits being (in the instance of coal alone) drawn out into long, thin sinuous lines, with no traces of these remains on either side of these lines, seems difficult indeed.

Second: The great and principal strength of the vegetable theory, we may say its very groundwork, is the fact that organic remains have been found imbedded in the coal measures. Large stems of the calamites occur frequently in the sandstone. Club mosses and ferns in endless variety are found in the coal, preserving their original shape as though moulded and hardened in clay, their vegetable origin being plainly apparent. But this fact, to our mind, is a weakness of the vegetable theory, and a confirmation rather than a refutation of our argument. Why should the process which converted organic remains into a solid mass of coal have spared some of these remains from this great change? The law which was good as to the great mass was good as to the whole, unless some exceptionable condition overruling this law, as to these unchanged parts, can be shown. On our theory, the explanation of their occurrence is easy. The streams of petroleum in their courses through the crevices of the rock carried with them plants and trees immersed in their liquid, the bulk of which vegetable matter probably became in time dissolved and absorbed into the body of the bitumen itself, while some of it became petrified as the fluid hardened into a solid, and was thus preserved in the shape these remains present to-day. In the great upheavals which the earth's crust has been subjected to through the past ages, it could not be expected that these then half liquid streams of bitumen should remain pure and unmixed with vegetable matter. On the contrary, it seems strange that they are so pure and uncontaminated, and their lines and courses so plainly marked.

Third: Coal, like petroleum, is composed of hydrogen and carbon, the cannel and bituminous series presenting on distillation similar products to those of petroleum, while vegetable structures do not yield analogous products, either in their original condition or through their undisputed remains in the shape of peat.

Fourth: If it is true, as is universally conceded, that anthracite coal was formerly bituminous, baked to dryness in the earth, and the bituminous was originally cannel similarly evaporated, we accomplish a vast stride in our theory, for the step from bitumen to cannel coal is a slight one, and it is equally well established that bitumen, or asphaltum, is evaporated petroleum. We have then but to establish the connection between bitumen and cannel coal and the chain becomes complete. Twice has this identical question been the subject of important law suits. In 1853 a case was tried in Edinburgh, involving the right to mine the Boghead beds, which were leased as coal. On the trial the most eminent authorities, in their testimony, differed as to whether the substance was coal or bitumen. A similar case was subsequently tried in New Brunswick, involving the title to the Albert mine, the question turning on the same issue In both cases the deposits were held to be coal, but the opposite was strongly maintained by experts of high character, who classed them as bitumens. That the equity of the proceedings lay with the holders of the leases, rather than with the contestants who sought to invalidate them on technical grounds, may have had much to do with the verdicts of the juries, seems probable. At all events, the distinction between coal and bitumen was found to be so narrow as to involve much uncertainty, and had at that time petroleum been known to the Western world as an article of commerce, as it is to-day, and the origin of bitumen itself been as well understood as it now is, the two substances in contest might have been held to be identical.

Fifth: We shall close our proofs by pointing to an instance of the occurrence of bitumen and coal in one deposit. In the island of Trinidad, West Indies, is a lake of petroleum bitumen about a mile and a half in circumference, which is underlaid by a bed of coal. The bitumen on the surface is hard and dry, being baked by the hot sun of a tropical clime, but underneath it is soft and oily, showing its petroleum origin.

To sum up our theory succinctly, we claim that petroleum of the lightest density is the parent of

the coal measures, and from it proceeds, in regular gradation, heavy petroleum bitumen and asphaltum, then the coals, cannel, bituminous and anthracite, and then coke. On the other hand, we claim that peat is the result of organic decay, and its ultimate result is charcoal.

Now, it is in no wise necessary to the support of our theory that we should show what petroleum is, and of what formed, if it is not, as claimed, the result of organic decay; for the secret of its formation might remain forever an unsolved mystery, without detracting anything from our argument. We may suppose, if we will, that it is an original substance, existing in vast supply in the earth's interior; or we may more reasonably assume that by some mysterious process, hydrogen eliminated from water, acting on and combining with the carbon of the rock, aided by heat and pressure, forms petroleum, and that this process is going on continually, and has been going on forever in the great laboratory of the earth. We have here the two constituents of petroleum, hydrogen and carbon, both existing in unlimited extent in the water and rock. We know that by the aid of heat water can be decomposed and its hydrogen set free, and we have therefore but to suppose this liberated hydrogen as dissolving and combining with the carbon of certain rocks to reasonably account for petroleum. Certainly this latter part of the process is mysterious, but nature is full of mysteries far more wonderful and inexplicable than this, and we submit that this chemical combination would be less wonderful than the production of either coal or petroleum from organic remains.

[Lack of space obliges us to transfer the consideration of the Medical Properties of Petroleum to another number of the UNION.]

THE DUTY OF THE STATE IN THE PREVENTION OF DISEASE.

BY EGBERT GUERNSEY, M. D.

IN studying the future of our country, two points are strongly impressed upon our mind. First, the decrease in the ratio of births in our population; and, second, the enormous percentage of deaths under five years of age. Both of these points are matters for grave consideration.

To establish the first, we have only to look at the census returns since the establishment of our national government. We find by the census of 1830 the number of white children in the United States under fifteen years of age to every one thousand females between the ages of fifteen and fifty were, in Alabama, 2,591; in 1840, 2,508; in 1850, 2,071, and 1,973 in 1860. There were in Massachusetts 1,368 in 1830; in 1840, 1,258; in 1850, 1,143, and in 1860, 1,123. In New York there were in 1830, 1,837; in 1840, 1,580; in 1850, 1,364, and in 1860, 1,327. In Kentucky there were in 1830, 2,279; in 1840, 2,201; in 1850, 2,003, and in 1860, 1,906. In Illinois in 1830 there were 2,580; in 1840, 2,280; in 1850, 2,035, and in 1860, 1,822. These States, taken at random from the different parts of the Union, fairly represent the general decrease in the percentage of births. Were this decrease in the percentage of births counterbalanced by a corresponding decrease of deaths in infancy and early childhood, showing an increase of vigor and vitality during that period, it might be a question if the nation and humanity were not gainers by the change. But this is not the case. It is a reproach to our profession that with all its boasted resources, with all its wealth of means, which an all-wise Providence has placed within its reach, in a land where but few are poor, and where all, with but little exertion, unless stricken down by sickness, can easily obtain a comfortable livelihood, that death should reap its richest harvest from infancy and early childhood. It is a reproach to the statesman having the interest of the nation at heart, that he has forgotten that the real wealth of a nation consists not in its forts bristling with cannon, not in its armed ships floating on every sea, but in the physical and intellectual strength of the people, their freedom from disease, and their power to people the land with a strong and vigorous growth. It is a reproach to the Christian and philanthropist that they have not struck boldly and with a strong hand at the great social evils of the day, and have learned the all-important fact that, as a rule, to have pure and noble lives, they must have healthy physical organizations.

Crime is often the result of disease. The unharmonious, nervous and mental organizations which fill our prisons and scaffolds, are often produced by disobedience of hygienic laws, which causes the stream of life to flow on tainted and tainting from generation to generation. These errors and violations of Nature's laws cause not only much of the crime which fills the land, but that terrible mortality in childhood through which nearly one-half born into the world perish before they reach the age of five years.

Of the 393,606 deaths recorded as occurring in the United States for the year ending June 1st, 1860, 168,852, nearly one-half, occurred under five years of age; and nearly one-fourth of the whole number under one year. In 1870, of the 481,243 deaths which occurred in the United States, 203,213 died before they reached the age of five years. In 1872, in the city of New York, 50 per cent. of the total mortality was in children less than five years old.

At the close of the sixteenth century, according to Marshall's tables, one-half of all children born perished under five years of age, and the average length of life of the whole population was eighteen years. Notwithstanding the average expectation of life at birth has been increased to about forty-eight, the decrease in the mortality of children under five years, as will be seen by the figures already given, has been very slight. In Boston, in 1870, the deaths of children under five years of age reached forty-three per cent. of the whole mortality. In 1871, the percentage of deaths under one year was, in Boston, 27; in Baltimore, 28.90; Brooklyn, 25.25; New York (1869), 20.42; Philadelphia, 24.85; Washington, 28.30. According to Wappaens, in Europe, 33.66 per cent. of the entire population are below fifteen years of age, thus being consumers only, and contributing nothing directly to the public wealth. A sound political economy, viewing it from no higher stand-point, demands that infancy and childhood shall be so far protected and surrounded by safeguards, that the large majority shall not only pass the period of helplessness until they can become producers as well as consumers, but that they shall be well protected so that they may

come upon the stage of action with healthy physical development.

There is a greater loss to the community than from the death of consumers before they reach the productive age. It is from that vast stream of diseased and vicious humanity which is constantly flowing into society from the fountain of childhood, too often tainted and corrupt, breathing its malarious poison wherever it goes. Incompetent nursing, scanty feeding, a vitiated atmosphere, give rise often, if they pass the period of childhood, to feeble and crippled men and women, who become more or less a weight upon society all their lives. Money spent in educating children into strong and healthy men and women is more than saved in hospitals and prisons.

The attention of the State, then, should be intelligently and earnestly directed, as a matter of political economy, looking to the strength, stability, and physical and intellectual wealth of the nation, to the means of prolonging the lives of that vast throng which swells the tide of death in early childhood; and not only in prolonging their lives, but so protecting them and surrounding them with such safeguards in education and judicious nourishment that they step out upon the stage of action with a physical and mental development which will enable them to do their part intelligently and well in the great battle of life.

In large cities the mortality is, of course, immensely greater among the poor—among those who live in cellars, in single rooms and in small apartments, in closely confined tenement houses. From these quarters the death list is the heaviest, and the hospitals and nurseries draw their principal supply. Some are driven to these quarters by misfortune, but in their apartments you will find, however poor they may be, however barren their rooms may be of comfort, an attempt at least at cleanliness. But in the great majority the finer feelings of nature seem to have been blotted out by their contact, year after year, with that filth and misery in which often they and their fathers have lived generation after generation. Here into these nurseries of vice, and crime, and sickness, and death, society should step—that society which shines in silks and diamonds at charity balls—that society which rears our marble churches and weeps over the destitution of the heathen in foreign lands, and sends its gold in liberal supply for their conversion. These efforts are all noble in themselves, and we would not draw one drop from that broad and thirsty stream of living charity which has done and is doing so much for humanity. But let this society step in with its strong voice, its wealth, its intellect, its refinement, well directed and guarded by that comprehensive wisdom which in other matters has done so much for humanity, so much for the wealth and prosperity of the nation. Let it, through proper authorities, control and direct sanitary affairs, not with a spasmodic, feverish impulse, wrought up almost to frenzy by some glaring wrong which has forced itself upon its notice, but with a broad, comprehensive policy well matured, in which the resources of science shall be brought to its aid, and the whole entrusted to able and honest men, willing to carry out its commands in their spirit and integrity—men whom no desire for pecuniary gain can swerve from their high sense of duty. More than this, let them be held to a strict account for the manner in which they perform their work. Let the street-cleaning contractor, the railroad corporations, with their ill-ventilated and overcrowded cars, know that they are amenable to law, and that the law means the protection and safety of the public. Let every tenement house be so erected as to give light, fresh air and the means of cleanliness to all, and through sanitary officers compel the observance of sanitary rules. There are hundreds and thousands in large cities who, unless they are prevented by the strong hand of the law, will herd together and live like swine. It is not enough to require by law physicians to report contagious cases of disease. This, as far as it goes, is right, and is undoubtedly the means of preventing a large amount of sickness. But what we want is a law, properly executed, which will compel the erection of houses where it is possible for people to live without being poisoned by foul air. It is true, an attempt has been made to carry out some of these provisions; but go among some of the lower class of tenement population and see whether it has been anything more than an attempt.

We have adverted to the lack or non-enforcement of the necessary sanitary regulations in the erection of tenements for the poor, and in the absence of sufficient care to compel an observance of proper hygienic rules as a fruitful cause of the immense fatality among children, and in the diseased and feeble constitutions among adults of that class in our large cities. If we pass to the public hospitals, we find the same lack of care, the same system of crowding, and the absence of that broad system of Christian benevolence which should characterize the management of public institutions. The idea seems to be, here are only paupers, who should be thankful if a great city, with untold wealth, should give them a place to die, and dole out its food and warmth to them in the smallest proportions. When from twelve to fifteen hundred poor lunatics are crowded within a space only intended for five hundred, as has often been the case on Blackwell's Island, what can physicians do, however skillful and willing to perform their whole duty? What is the use of their theorizing about nourishing food and careful attendance, and warm and well ventilated rooms, when, if the city authorities do not economize in these minor matters, there will not be sufficient money to fill the pockets of the Tweeds and Sweeneys, and all those noble men who, for years past, have done so much for the honor of our city. On that sunny slope on Ward's Island there is a broad field, seamed with deep trenches, into which are cast by hundreds and thousands the nameless paupers. Hurry them out of sight.

> "Rattle their bones over the stones,
> They are only paupers, whom nobody owns."

And a day's support is an item to the great city. And the little children,

> "Who are weary ere they run,
> Who have never seen the sunshine nor the glory,
> Which is brighter than the sun,"

find these trenches the gateway to greener fields, where there is no hunger and no tears.

Are we too strong in our language? Will the facts be denied, that in the charity hospitals and asylums and nurseries on the Island, including Bellevue Hospital, there is a lack of that care and attention which the suffering poor and helpless

children have a right to expect at our hands? The public have not forgotten how in the new Insane Asylum, but a few months since, helpless lunatics were abused and kicked and trampled upon by beastly and brutal nurses. They have not forgotten, either, that the physician at the head of the institution, who would not cover up this brutality, who would not wink at this wholesale torture and murder, is found to be in the way, and loses his place in the institution. He knows too much, and, poor man, his conscience is too tender. He has not yet forgotten the obligations of his oath, that grand old Hippocratic oath.

The whole system of nurses is wrong. Men and women are selected as attendants upon the sick and helpless, not for any qualification they may possess for the work, but because political friends wish to find places for them; and so, ignorant, brutal attendants fill the places where should only be found the skilled and the trained. These abuses exist not alone in our institutions in New York, but all over the country; in almost every city and town where the poor are cared for at the public expense, there is more or less the same lack of care, the same incompetency in attendance, the same desire to spend money in costly buildings, and save in the care of the inmates. Do our profession suppose they have fulfilled their duties to society in simply prescribing for the sick when called upon, and in closing their eyes to glaring abuses? They have been baptized to a work second only in importance to the care of souls, the care of the public health. It is their duty not only to lift the warning voice against abuses wherever found, but to search them out and suggest the remedy. It is their duty to demand of the public authorities that the positions of attendants upon the poor, the sick and helpless, be given, not as reward for political services, but to trained and skillful nurses.

To the Christian, the philanthropist, the statesman, to good citizens everywhere, the question demands attention, "How shall this terrible tide of disease and death in childhood be stayed?"

We are in the midst now of a whirlwind of political reform. Political rings have been broken up, and unjust judges deposed. Is it too much to ask of our legislators to look into this question which so vitally affects the future of our country?

We need more stringent enactments, in reference to the sanitary affairs of large cities. A law, placed in proper hands for execution, which shall prevent the erection of unhealthy dwellings, and which shall compel due observation of sanitary laws.

We need a training school for nurses of both sexes, and the absolute necessity of every appointee in our public institutions having received some preliminary instruction, proved by careful examination, before entering upon his duties. Every medical college should have a department for the careful instruction of nurses. If our female medical colleges would direct more attention to this one department, sending out skillfully trained nurses, and giving their certificates only to those of good moral character, thousands of children might be saved, and they would receive the thanks of mothers everywhere. Break up the medical rings in our public institutions, which are often more arbitrary and tyrannical than the worst and most corrupt political rings, giving the appointment of the medical and surgical staff to the Mayor, to be chosen from those, in his judgment, best qualified for the position. Let no school be ostracized, and scientific attainment and fitness for the position be the test, rather than adherence to any particular medical dogma. Let the assistant surgeons and physicians be selected from those students of the highest rank in scholarship, on a fair examination, without compelling them to show a diploma from some sectarian allopathic college. Let the nurses also be appointed only after a careful examination, without regard to political favoritism; and all, steward, superintendent, assistant physicians, and nurses, be subject to the direction of the medical and surgical staff. Let it be distinctly understood that our hospitals are for the benefit of the sick, that they are sent there to be relieved, and, if possible, cured, not to be murdered, that a few students may become better posted in diagnosis. It is perfectly right that the immense clinical material in our hospitals should contribute to the instruction of our profession, but this only should be done judiciously, and without endangering the lives of the patients.

In these times of reform, we call upon our legislators to look earnestly at this question of the waste of human life, and devise some means by which this useless expenditure can be saved. Let each State look carefully at its sanitary regulations, and see that they are made in the interest of no sect and no class, but only of the public good.

But we need something more than this, we need a national sanitary system, whose influence shall penetrate and be felt in every city and town and hamlet through the length and breadth of the land, from ocean to ocean. Let there be a body of men appointed by the President, selected solely with regard to fitness for the position, without regard to party or sect, selected from the ablest and most practical scientists in the land, not mere theorists, but men who are capable of devising and putting in force a grand and comprehensive sanitary system. Earnest men all over the country would come to their aid with valuable information and useful suggestions. The Signal Service Bureau is already in telegraphic correspondence with every section of the country, and so admirably is the system arranged that atmospheric disturbance, not only on the land, but on the sea, can be predicted with almost unerring certainty, and the track of storms, or damp and chilly winds marked out. Connect this information, thus easily obtained, with the development of diseases in different localities, the structure of the soil, the drainage, the vegetable productions, and geological formation, and all local causes of sickness so far as can be obtained, and we should have a mass of information brought together where it could be systematized, the proper deductions drawn, and rules and directions given, by means of which not only epidemics could be checked in their march of death, but information given as it regards the food and clothing and early care of children, which would yearly preserve thousands of lives.

If the appointment of this organization were made by the President, and to it by act of Congress given the necessary authority to carry out a broad and comprehensive plan, it would be placed above party or sectarian influence, and work solely for the public good. We again repeat, the strength of the State is in the physical and mental strength of its people. The great mission of the State and hu-

manity is to protect, elevate, and make happy and harmonious the lives of the people. We implore our legislators to look carefully and earnestly at these matters; the duty of the State to the poor and helpless, and to the prevention of disease and death.

OVARIOTOMY.

MONOCYSTIC TUMOR CONTAINING TWO GALLONS OF FLUID—INCISION TWO INCHES LONG—LIGATURES BROUGHT OUTSIDE THE WOUND—RECOVERY.

By John C. Minor, M. D.

In November, 1872, I was called to the case of Mrs. M. She was thirty-one years of age, married, the mother of four children, and in good physical condition, with the exception of an enlargement of the abdomen, that had given her some trouble previously, and which prevented her from performing her duties as housekeeper. About a month before I saw her, she had suffered from what seemed to be an attack of circumscribed peritonitis, attacking the left inguinal region. The abdominal enlargement had been first observed two years and a half before, appearing to begin on the left side, and gradually filling up the abdomen. My examination revealed the presence of a large ovarian cyst, shaped somewhat like a pear, with the smaller end toward the right side. In the left inguinal region, when the abdominal walls were moved over the surface of the tumor, a crepitant feeling was communicated to the hand, as though there were adhesions between the sac of the tumor and the abdominal wall. The lumbar regions were equally dull on both sides. The uterus was high up in the pelvis, somewhat retroverted, and in a position of lateral version, so that the fundus was toward the right and the cervix toward the left side. On simple inspection of the abdomen, the tumor seemed to consist of two irregular portions, the larger division being on the left side, separated by a deep sulcus from the smaller portion on the right. On percussion, however, the fluctuation was equally distinct and uninterrupted throughout every portion of the tumor. It is unnecessary to go through the other details of the examination, which presented nothing but the ordinary signs of the presence of an ovarian tumor. It was mainly on the basis of the facts already described that I diagnosed the case as one of monocystic disease of the left ovary, with recent adhesions between the sac of the tumor and the peritoneum in the left inguinal region. (It proved to be the *right* ovary that was affected, as will be seen from the operation.) Although the distension was such as to give the appearance of one at the full period of utero-gestation, there was no œdema of the lower extremities; the menstrual functions were regular, and her general condition of mind and body was such as to warrant a favorable prognosis in the case.

Operation.—November 6th, 1872, I removed the tumor at the New York Medical College and Hospital for Women, before the class of students. Drs. A. K. Gardiner, C. S. Lozier, F. E. Doughty, H. C. Houghton and others were present, and contributed valuable assistance. The patient having been brought under the influence of chloroform and her bladder emptied, a short incision of two inches was made in the median line, midway between the umbilicus and pubes, down to the tumor. A sound was swept around the tumor, and no adhesions of importance detected. I immediately plunged a full sized trocar into the tumor, and evacuated its contents—two gallons of coffee-colored fluid. The collapsed tumor was now drawn out through the incision, and separated from its adhesions. One of the adhesions—the fimbriated extremity of the fallopian tube, on the left side—required a ligature, torsion failing to arrest the bleeding. The pedical, which was short but thin, was tied with a single ligature, and the tumor was cut off and removed. The remaining ovary (the left) was examined, and found to be congested; but as this condition was in all probability physiological, there seemed to be nothing that required surgical interference. No fluid having escaped into the abdominal cavity, no sponging was needed. One end of the ligatures was cut short, and the other brought out at the lower part of the wound. The wound was now closed with two quilled sutures of silver wire and five superficial sutures of fine silk, the quilled sutures being passed through the entire thickness of the abdominal wall, and including the peritoneum. The part was dressed with patent lint, saturated with a solution of carbolic acid in glycerine (1 part of the pure acid to 50 parts of glycerine); this was covered with cotton batting, and the whole by an abdominal bandage. She was now lifted from the operating table and placed in bed, with hot bottles at her feet.

An examination of the tumor showed that the lobular form was caused by a fibrous band in the anterior wall of the cyst, constricting that part of the tumor into two unequal portions.

The following notes are copied from my case book:

Subsequent History.—Nov. 6th.—The patient reacted well. There was no pain at the seat of operation, but she complained of some slight pains in the small of the back and in the hips. I directed that the wound be dressed twice a day, and that the catheter be used every six hours. A few hours after operation, vomiting began, for which I prescribed nux-vomica (tinct.).

Nov. 7th.—The patient had no sleep last night, on account of the vomiting, which nux-vomica failed to check. To relieve that condition, I ordered kreasote 3d to be administered every two hours. Her appearance this morning was good; pulse 100, and tongue coated. At night, finding the vomiting still continuing, I gave her one-sixth of a grain of codeine, which immediately controlled it, and gave her the first sleep since the operation.

Nov. 8th.—Slept well last night; vomiting gone; free from pain; feels hungry. The wound appears to be healing by first intention. Ordered a light diet and no medicine.

Nov. 9th.—The patient had a slight chill to-day, with transient stitches of pain across the abdomen. Appearance good. No medicine.

Nov. 11th.—Began menstruating. This accounts for the congested appearance of the remaining ovary noticed during the operation.

Nov. 13th.—Removed the sutures; wound healed by first intention.

Nov. 15th.—The patient had a natural movement of the bowels this morning. Has taken her meals sitting up in bed since the 13th inst.

Nov. 25th.—Has been able to sit up during the day since the 17th inst. Is now able to walk about the room. I used slight traction on the ligatures to-day, without loosening them.

Nov. 27th.—The patient was discharged to-day, cured. The ligatures, however, still remain.

Since the last entry in my case book, I have seen the patient several times, and have removed one of the ligatures. The other still remains (Jan. 18th, 1873), but would probably come away without much difficulty if I chose to remove it. The patient is in perfect health, and able to work as well as ever.

No. 10 East Forty-first street.

Correspondence.

A WORD OF ADVICE TO STUDENTS ABOUT TO GRADUATE.

In my last letter I entered upon some antiquarian vagaries with the intention of continuing the subject in this month's issue of the journal. But it has since occurred to me that the present number of the Union would make its appearance just at the time when so many of our young friends are about to enter upon their professional career as Doctors in Medicine (God help them!) and that I might very properly let the things of the past take care of themselves for the present and devote this epistle to the things of the future. I therefore address myself to the graduating class of medical students, and take as my text the question so often asked by students of each other—"What do you propose to do after graduating?"

No matter how rich or how poor you may be, the question of your future success in the profession will be decided, in a great measure, by your mental development during the first few years of your professional life. If you depend upon your present stock of medical knowledge to carry you through your future career you will stand but a poor chance of attaining anything more than a position of barren mediocrity in the profession. On the amount of knowledge and expertness acquired during the first five years of your professional life will depend, for the most part, all that can stimulate a doctor's ambition. As it is so important then for you to take a long look ahead and start right, I will consider the proposed question by laying before you three courses to pursue, viz.: 1. Beginning private practice at once. 2. Entering a hospital. 3. Completing your studies abroad.

1. If you begin practice at once you will do so either alone or in connection with some older physician. If alone, you will have abundant time for study, and let me advise you to use it for that purpose. Take up some study that has not been thoroughly taught in your college and work at it till you are proficient and expert in it. In this way you can become skillful in the use of the microscope and chemical tests. If you have the opportunity of attending a dispensary, seize the chance that is there given to use the ophthalmoscope and the laryngoscope, for, in the use of these instruments, you can make no satisfactory progress unless you have, besides your books, a sufficient amount of material to practice upon. Study French and German in order to avail yourself of the wealth of medical literature that will otherwise be known to you at second-hand, if at all. Put yourself in the way of all available clinical instruction whether in dispensary, hospital or college. Devote the rest of your time to practice. So much in regard to your most important work. And now, perhaps, you would like my opinion as to your financial prospects for the first few years of practice. Very few young doctors are able to make both ends meet, until they have been in practice for three or four years, unless they possess exceptional advantages either in location, association or education. You may safely expect to be rich in expenses and poor in income for three years, and as to making both ends meet, it will be anything but amusing to contemplate the alacrity with which those "ends" will dodge each other all the while. If you begin practice in the city, your expenses will be greater and your patients fewer than would occur in a country practice, and it is far better for you to begin practice in the country, and end in the city, than to follow the reverse order. It is not always a good plan to be associated with an older physician, for you will always be called his "assistant," and there is a great deal in a name. My advice is to be independent from the start. If you hesitate because you are young, and fear that none will employ you, go away from the city, a thousand miles if necessary, and find some locality where a doctor is needed and where you may be sure of plenty of work however unremunerative. But wherever you are, don't fail to work in the direction I have indicated, for sooner or later an opportunity will occur to take a higher position, and the question will be decided by your actual development and not by your possible ability to make up for lost time.

2. Hospital practice is, in the end, a better way of occupying your time immediately after graduation than private practice. The time thus used is not, in any sense, lost time; for the experience and maturity of judgment thus acquired will put you ahead in your subsequent private practice faster than you could have progressed without these advantages. In hospital service you will be able to perfect yourself in physical diagnosis, to become practically acquainted with the most recent investigations in pathology, and to avail yourself of daily clinical instruction. You will become in a short time familiar with innumerable details of practice and with the newest developments of medical science. I believe that two years of intelligent service in a large hospital will teach you more than you could learn in five years of active private practice. It will give you an opportunity of seeing some of the best and some of the worst practice extant, and if you can keep an intelligent and discriminating observation on all the abundance of material spread before you, the opportunities of hospital service will be priceless. But the moment you begin to lose your head; to indulge in admiration of men rather than measures; to be enchanted with the boldness and dexterity of an operator without a careful weighing of the results of an operation, that moment you are lost to the real advantages of hospital service. For the sum and substance of your opportunities lies in the cultivation of a sound and unbiased judgment, without which the eye, the ear, and the hand will be trained to no purpose. In order to enter a hospital, however, you

must first pass the required examination. The positions are few in number and the candidates are legion. It is notorious that these positions are as often obtained by favor and influence as by merit, and it is therefore possible that, however well qualified you may be, the doors of the hospital may be closed against you. I therefore ask your consideration of the third plan—the pursuit of your studies abroad.

3. The best course for you to pursue is to start at once for Vienna, and begin there the completion of your studies. The expense of this plan is not much more than you would incur by staying at home—$1,000 (gold) a year will be sufficient for you if you can practice economy, but $1200 or $1500 a year will be a fairer estimate, for the prices of living in Vienna have nearly doubled in view of the approaching Exposition, and what would have cost $700 three years ago can hardly be obtained now for $1200. If you are not already familiar with the language, you can spend the time necessary to learn it in some less expensive place than Vienna. And what can you learn at the Vienna school that is worth all this time and expense?

Let me picture a day's work in Vienna and then compare it with anything you can do in New York. At 9 a. m. you attend Hebra's Clinic on Diseases of the Skin, famous all the world over for the wonderful variety of cases and the value of the lectures. Arlt's Eye Clinic occupies your time profitably from 10 to 11 o'clock, and at 11 o'clock you attend that Laryngoscopic Clinic of Professor Stork, over which the Vienna medical students go nearly crazy in their enthusiasm. Every day you will have the opportunity of examining ten or fifteen patients in this clinic, and of treating at least four or five of them by blowing in powdered tannin or alum; by pencilling with solution of nitrate of silver; by cauterizing with the coated sound, or by using whatever means may be indicated. A wonderfully good practical course it is, where the wretched patients are so poor they dare not complain when you sear the whole back of the tongue and pharynx an ugly white in the vain endeavor to touch a given spot on the arytenoid cartilages or vocal chords with the cautery probe. Such opportunities can only be had in Vienna where so much value is placed upon the progress of science, and so little on the comfort or life of the patient. At 12 o'clock you can have an hour in Sigmund's Syphilis wards, under his able assistant, Dr. Grünfeld. This is another excellent course, consisting of a lecture at the bedside, and the treatment of ten or a dozen patients. One day it is held in the male and the next in the female wards. Allowing you some time for dinner and digestion, 3 o'clock would perhaps be soon enough to go with your four companions for an hour's private instruction by Jaeger on the operative surgery of the eye. Sometimes the cadaver is used, and sometimes you perform the operation on pig's eyes set in a mask. (When you go to your rooms at night, remember to take half a dozen eyes with you, and go over the day's operation with a mask.) At 6 o'clock you may finish up the day's work by an hour's instruction from Bergmeister, Arlt's assistant, in the use of the ophthalmoscope.

Your day is ended, and I have mentioned only a limited number of courses. Each course lasts five weeks, and then a new one begins. You can select any subject you choose to work up—surgery, obstetrics, diseases of the lungs, heart, bladder, histology, pathology—in fact, anything you want, and take any number of private courses in it until you are satisfied with your proficiency. In these private courses only a few are instructed at a time, because too many in a class would interfere with your progress. These courses are not gratuitous, but are paid for. It would, perhaps, interest you to hear about Billroth, Rokitansky, Bamberger and others famous in the medical world, but I believe enough has been said to show you that medical teaching, such as you can get in Vienna, is very different from any instruction you have yet received, and incomparably more valuable. If you can afford the time and money, it would be well for you to spend your third year in Paris, and at least six months in London.

Now, having set before you three courses to pursue, let me urge you, by all means, to follow this last one, if it is possible for you to do so. In itself it can be made a cheap or an expensive plan, according to your own ability to economize. Its result, if followed, will be to make you self-reliant, because you are conscious of knowledge; successful, because you leave your first mistakes in Europe; and well recommended because the name of having studied abroad will be presumptive evidence that you are competent in your profession. It will affect your standing at once, not only in your private practice but in your professional relations, and fairly open to you the brightest prospects of a high position in the ranks of our fraternity. That you may succeed in that calling, however hard the first few years may be, and that knowledge and experience may bring you at the same time a broad and liberal spirit in all professional matters, is the sincere hope and wish of JOHN CRANNELL.

A LETTER FROM VIENNA.

I.

THE imperfect system of medical education existing at the present day in our country, renders necessary some sort of after-training, before the newly-fledged "M. D." can, with a clear conscience, undertake the responsibilities and perplexities of his profession.

This, his first professional experience, may be gained in two ways, namely, by serving his time in one of our own hospitals, or by studying at some of those in Europe. But, of the large number of graduates who yearly leave our schools, comparatively few can be accommodated at our home institutions; hence, the large majority of those who feel the imperative necessity of some more practical knowledge of the art of healing than they already possess must seek it abroad.

Besides this class of students, there exists another—physicians who have already been in practice some years, and begin to feel the need of getting out of the routine habits which all are so likely to form—of going through the process known as "brushing up," and bringing themselves abreast of the age. The wants of these two classes differ not in kind, but in degree; and the remedy applicable in the former case will be found to answer admirably in the latter.

The run abroad decided upon, the first question which naturally arises in the student's mind is, "Where can I dispose of my time to the greatest advantage?" It is, in the main, with a view to an-

swering, however imperfectly, this important question, that I now write.

Without hesitation, I should say that, for the purposes mentioned, the Vienna school offers advantages unequaled by any other, whether we consider the wants of the special or general practitioner, and for the following reasons, viz.: 1*st*—The fact that the enormous amount of material furnished by this city and vicinity is collected, for the most part, in one large General Hospital (Allgemeine Krankenhaus), thus enabling the student, if he so chooses, to occupy every minute of his time by profitable work, instead of having to run from one hospital to another, perhaps a mile or more distant, as in London and Paris. And, 2*nd*—The unequaled number and excellence of the private courses (to my mind the most perfect means of instruction), not to speak of the clinics.

These two arguments in favor of the Vienna school are, I believe, not disputed, and, though many others might be given, are sufficient, I think, to substantiate the claims I have made for its superiority. Another is sometimes adduced, however, namely—the number of celebrities who teach here. But this seems to me not of such very great practical importance; and I may as well tell why. Billroth, Hebra, Sigmund, Bamberger, Jaeger, Arlt, Rokitansky, Stricker, Gruber, are all good names—and there are many more; but, from a *practical* point of view, are we (a class of ten or fifteen, say,) not going to learn much more concerning disease and its management, by going through the wards and having each case thoroughly investigated and explained to us by an able assistant, than by simply being present at one of the great clinics, with two hundred others, only the front row of whom can see the patients at all well? To be sure, where it is possible we should follow both the clinics and private courses; but it is not always to be done. Then the question arises, as practical physicians or surgeons, which is of the more importance to us—the private course, where we may see the same patients as in the clinic, handle them, see them treated, and at the same time hear the theories of the Professor enunciated by his assistant, or the clinic, where, if we even see the patient well, we must be the fortunate owners of front seats?

I find I have made something of a digression, but it is not, I hope, without its practical bearings, and hence may be borne with.

As regards the other great schools of Europe, the London hospitals possess, undoubtedly, more material than the Vienna General Hospital, and the clinics are, perhaps, better conducted than at the latter.

Less can be said of Paris—but both there and in London there is much to see and many world-renowned authors and teachers to listen to; and if one makes the best use of his time, a winter spent in either capital must bring its reward.

Berlin has much to recommend it; the names of Virchow, Langenbeck and Traube, being sufficient, if there were no other reasons, to establish its reputation as a first-class school.

Nevertheless, as compared with Vienna, the disadvantages already named exist in all three of these places, viz.: the waste of time in getting from one hospital to another, and (which I consider the greater) the impossibility of obtaining private instruction, in small classes, in every branch of medicine, as may be done in Vienna.

The smaller schools of Edinburgh, Wurtzburg, Dublin, Heidelberg, &c.—though excellent, each in its own way—need not, I presume, be admitted as rivals of their larger brothers already mentioned.

The advisability of visiting all these places, however, and observing how they differ with one another in their modes of teaching and practice, is, of course, too potent to be discussed. But for him who is not able to do this—who has, say, but a winter before him, and wishes to do the greatest amount of work possible in that period, whether in general or special study—Vienna is, I am confident, *the* school *par excellence.*

The opportunities offered here to the student are something wonderful, and, I fear, are not sufficiently appreciated by us at home.

To give an example of what a specialist may do here in one day, let us suppose our student to be an Ophthalmotologist. From 8 to 10 A. M. he attends Prof. Jaeger's clinic, and from 10 to 12 Prof. Arlt's. His afternoon duties begin with the private course on diseases of the eye, given by Dr. Schnabel (Jaeger's assistant), at 2 P. M. At 3 he takes Jaeger's private course on ophthalmic operations, and finishes the day with two (if he chooses) courses, one succeeding the other, from 5 to 7 P. M., on the ophthalmoscope, given by Dr. Bergmeister, Prof. Arlt's assistant. Besides these, he may take two or three other courses if he prefers them to those already named. Thus he is able to do from six to eight hours of good work in his specialty daily; with which, if he is a reasonable man, he should be satisfied. Where else could he do as much? Nearly as much might be said for the other branches—skin, ear, throat, venereal, &c. As for him who attempts to follow as far as he can be led, I pity him! He may begin work at 7 A. M. with Prof. Hyrtl's lecture on anatomy. Continuing throughout the day his attendance at the various clinics and private courses—he may remain all night in the obstetric wards—and thus spending, literally, every hour of the twenty-four in study, have, notwithstanding, the melancholy fact stare him in the face, that he has not seen all, as many of the clinics, &c., are held at the same hour. It is needless to remark that *very few* thus take advantage of all the opportunities offered.

The limits of a letter do not allow of full justice being done to the merits of Vienna as a place of study. And, as it seems to me, there is much to interest your readers in some accounts of the modes of teaching and leech-ing here, I have ventured to address this to you as an introduction to, rather than a pen-picture of, the subject.

In my next letter I will endeavor to be more explicit in describing some of the workings of this great educational machine. M.

Vienna, January, 1873.

LONGEVITY.—During the year 1872, twelve centenarians died in Philadelphia—Isaac Shivers, 100; Hugh Finley and Anna Margaret Turner, 101; Edward P. Vollum, 102; Michael Ferry, 103; Margaret Amos, 105; Mary Loquaire, 107. Mrs. Temperance Jewett, widow of the late Dr. Jeremiah Jewett, and sister of the mother of the late George Peabody, died at Barnstead, N. H., recently, aged 100 years and seven months. Mrs. Mary Snyder, said to be aged 108, died lately at Leesville, Crawford Co., Pa.

DR. RICORD ON SYPHILIS.

AT a recent meeting of the British Medical Association at Birmingham, Dr. Ricord, of Paris, was present, and on the invitation of the society gave a summary of his views upon Syphilis. Dr. Ricord, by his long course of scientific investigation and his vast practical experience as chief of one of the largest hospitals in Europe, has cast more light upon the pathology and treatment of Syphilis than any other man living, and his ripe experience as embodied in this article will prove of great value and interest. We have tried to condense it, but have been unable to take out a single word, and therefore present it entire as it fell from his lips.

Many of our readers may not be aware that Dr. Ricord, by birth and early education, is an American. He was born in Baltimore, in 1800, where he remained until 1820, when he went to Paris, and received his first degree in 1826. In 1831, he became Surgeon-in-chief of the *Hospital* du midi at Paris. He is an officer of the legion of honor and is honored with the decorations of many European orders.

There was one great question in regard to syphilis, and it was this: could it be cured radically? In former times all venereal affections, no matter what, were considered as belonging to syphilis, and certainly there was then an immense number of radical cures by mercury or any other means. In this way swellings of the glands, soft chancres, even warts, and other things not belonging to syphilis, were easily enough cured, radically cured; and there were no after-consequences, no secondary symptoms. This explanation would account for the immensely large number of cases of (reputed) syphilis which used to be radically cured. But, since syphilis had been correctly diagnosed, the inquiry to which he had devoted a large part of his life was to see what belonged to syphilis, and what resembled it without belonging to it. There had been great differences in the results of treatment—so much so that a doubt, as Mr. Acton had said, had arisen whether real syphilis could be cured. That doubt as to the curability of syphilis was not recent; it was a doubt which old authors had expressed; and one particularly, with a curious name, which they would probably remember—"Mercurialis"—thought that now and then an armistice might probably be made with syphilis, but that there was no real cure. In fact, they frequently saw that a long time—months, years—after the symptoms had been treated, new symptoms appeared. And so the doubt whether syphilis could be radically cured, or whether the cure was only temporary, with a prospect of the symptoms returning, might still remain; he (Ricord), however, had established the law of the unicity of the diathesis of syphilis. The law of syphilis was the same as the law of small-pox, cow-pox, or measles. A man could have but one attack so long as the disease remained in the constitution—that was to say, according to his opinion a new attack could not take place while the system was still under the influence of the old diathesis. Well, it was exactly so with syphilis; as long as a patient was laboring under the diathesis of syphilis, another *infection* of syphilis could not occur—it was impossible. For instance, after indurated chancre, and the appearance of secondary symptoms, it was not possible for the patient to contract a new indurated chancre, with swelling of the glands, manifestation of skin disease, and so on. After one attack the patient could not have another infection as long as the influence of the first remained in his body; a second contagion could not take possession of the system at the same time. If, perchance, something of the kind took place, the symptoms would not follow the regular evolution. So, when a patient had constitutional syphilis, if a new chancre appeared to be hardened, they would not find the glands swell, or the early manifestation of skin disease appear; and so of other symptoms. Superficial ulceration might take place, just as a spurious form of vaccination might arise on one who was still under the vaccine influence; but it was not a true case, it was not attended with the sequelæ. But if the constitutional disease were cured, if the syphilitic disposition were completely eradicated, then the patient would be able to contract a fresh indurated chancre, with all the subsequent symptoms. If this were the case—and he had observed it with great care, his experience dating back forty years—it proved that syphilis could be cured; and if syphilis could be eradicated, to ascertain whether a patient was cured or not when all the symptoms had disappeared, there would be nothing else to do (though he knew that could not be done) but to try inoculation from an indurated chancre. If vaccination did not take, they were sure the vaccine disposition continued; if it did not continue, vaccination could take effect. In regard to syphilis, the proof had not been carried to this extent; but he had been able to observe that as long as the syphilitic influence continued, a patient could not contract an indurated chancre anew, and that, consequently, if cured, a new infection might take place. This was a great point gained in science, and it proved what he had said, that syphilis could be radically cured. Now, as to the treatment of the disease. As he had told them, Mr. Acton's ideas were completely his ideas, explaining his manner of treatment and his practice. He would first speak of the treatment of the first stage—that was to say, the primary sore. As soon as he had ascertained that there was a hardened chancre, with a swelling of the glands—not inflammatory, because the glands in this case never suppurated,—he immediately instituted the mercurial treatment. There was one point on which there was some difference of opinion: many believed that it was impossible to prevent the accession of the secondary symptoms, the first manifestation of constitutional disease; many thought that no matter what treatment was employed the sequelæ would appear. Well, he had ascertained that if the treatment were soon begun and well carried through, the bursting out of the first secondary symptoms, the roseola, the swelling of the glands of the neck, &c., might be prevented. If this were not frequently the case it was because the treatment was resorted to too late, when the disease had had time to take root, and secondary symptoms were about to show themselves. In such cases it was not astonishing that secondary symptoms should appear, and the treatment ought not to be blamed; if the treatment were steadily continued they soon disappeared. But if the treatment were begun early, the observa-

tion of forty years gave him the assurance that secondary symptoms would not appear. When secondary symptoms had appeared, the best treatment was, as Mr. Acton had said, mercury. If they wished for a perfect cure, this treatment must be continued. In general, it was not persisted in long enough; it was dropped as soon as the symptoms disappeared, or a short time after, and then it was not astonishing to see them reappear. But if the treatment were continued five or six months, having regard at the same time to sustaining the constitution in general, relapses would be found to be infrequent. He observed very few cases of relapse, and there would not be many when the treatment was well kept up—when the patient had patience enough, and the physician sufficient courage. After six months of that treatment and no symptoms reappearing, then the treatment with iodine must be begun, and continued for five or six months more. When a patient went to him, he said, "You will have a year's treatment—do you consent to that?" "Yes." "Very well; we will go on. If not, good bye." There were cases in which syphilis occurred in a healthy person—the only disease was syphilis. Then treatment was very easy—the case was a simple one; they had but one enemy to fight—all went on regularly. But, unhappily, in many instances syphilis was not alone; there was something else—scrofula, skin disease, scurvy, low constitution, poorness of the blood. They must understand that such complications as these altered the case; the treatment did not act so powerfully as it would do in the first case, as many of these complications were aggravated by the treatment. For instance, syphilis and scurvy might coexist—and the characteristic of the latter was poorness of the blood, while that of the former was a plastic condition of the blood. Here, therefore, was a counteracting influence to the treatment for syphilis. Now, one thing must be known: Perhaps he was speaking too long? (No; go on.) Well, in many instances syphilis became the secondary consideration, and they must begin with the constitution of the patient, as debility was the disease that required first treatment. They must attack the strongest enemy first. Syphilis was sometimes quiet, and stopped and waited till they came to it. So, when they had improved the constitution, they might commence with the treatment, and they must begin by treating the constitutional complication. The best treatment was the proto-ioduret of mercury. The stomach bore this well in general. Sometimes it gave rise to a little diarrhœa, which was an easy thing to moderate: but when the stomach was not tolerant of the remedy, one capital treatment was that which Mr. Acton had told them he had confidence in—namely, rubbing-in. If this were not an unpleasant and disagreeable operation, certainly it would be in general about the best; he himself should prefer it. In rubbing-in, the action of the remedy was powerful and quick, and the stomach was not at all troubled with it. If it were not so disagreeable, and were a thing that could be done without being noticed, he should give it the preference. However, there were cases in which the skin was otherwise affected, in which there was a skin disease, and then friction could not be used. In a case of complication of syphilis and herpes, rubbing-in could not be resorted to. In general, patients bore the iodide of potassium well, and in large doses. For his own part, he frequently employed forty, sixty, eighty, even a hundred grains a day, and more. They must bear in mind that if they gave too small doses to some patients they would have no result; it was a remedy that passed through the body with great rapidity. He had had great experience of it, and he had found that in half an hour it had passed away in the urine. Iodide of potassium was a sort of broom of the blood. So they saw that the methodical treatment was this: mercury, iodide of potassium. But only one for the first stage, and only the other for the later stage of syphilis? No, the rule was absolute that as long as there were secondary symptoms well marked, mercury must be given; when there was a mixture of secondary and tertiary symptoms, mercury and iodide; for tertiary symptoms, iodide. To treat some patients with iodide would not advance them in any way. Why? Because there was frequently in the constitution, in the blood, something of the second stage, something that required the mercurial treatment. This might not show itself, but when iodide of potassium ceased to do good, the disease remaining stationary, let them go back to mercury again, and they would have a splendid result where they had thought there was no further possibility of curing the patient. This was what Mr. Acton had said, and he was completely and absolutely of Mr. Acton's opinion. But there was another thing. When syphilis had lasted for a long time, and had had a great effect on the constitution, it in some way disappeared, and left the patient with a complication existing that was not existing before. Sometimes a long course of treatment brought on a new disease—wasting of the constitution, poorness of blood. They must then stop all the specific treatment, and, applying themselves to the principal symptom, restore the constitution by preparations of iron, bark, tonics, and proper food, so bringing the patient back to the possibility of undergoing anew a regular methodical treatment, either by mercury or iodide, or a combination of these two remedies. In former times, when a person was thought to be syphilitic, physicians seemed unable to entertain any other idea than that of syphilis, and acted exclusively against a specific disease, neglected everything else, and in that way they experienced all the bad effects and accidental symptoms which a bad administration of the symptoms would produce. Mr. Acton had spoken of the use of bromide of potassium. His views were exactly the same as Mr. Acton's with respect to the use of the remedies at different stages, the necessity of having regard to the complications that might exist, and of dropping the treatment for a while till the constitution was restored. This was regular and methodical, and his own manner of practice. But now, was bromide of potassium an anti-syphilitic remedy? He did not believe that it was. He might be mistaken; but he had experimented with it in syphilitic symptoms, and without any apparent result. But it was a splendid remedy in complications of syphilis. In some cases of symptoms referable to the nervous centres, bromide of potassium was an adjunct, and came to the help of mercury or the treatment by iodine. In some cases of brain disease with syphilis, and of disease of the spine or epilepsy, bromide of potassium did wonders. So that they would see it was a remedy to be applied in nervous complications that might occur, but they

must not depend on it as an anti-syphilitic remedy. Now, there were symptoms following syphilis which were not syphilitic, and these must not be treated with mercury or iodide of potassium. For instance, there might be necrosis. Well, they could not bring a dead bone back to life, no matter what quantity of mercury or iodide of potassium they might give. A physician must know these things, and he (M. Ricord) ought almost to apologize for bringing them forward. It should be observed that specific remedies did not always act specifically. Certainly, there was no specific effect without a specific cause, but specific causes did not always act specifically. So there were some effects of syphilis, such as disease of the bones, that would afterwards act as a common irritant. In syphilis there might be an ulcerated bone in the nose or mouth, bringing on suppuration; mercury or potassium would not remove that, but let the diseased bone be removed, and the patient was frequently cured. They must take note of all these conditions—the nature of syphilis, the manner in which it conducted itself, its action on the constitution. Let them particularly take note that the general law of syphilis was the same as the general law of small-pox, vaccine, and measles. If they were sure of this from what he had said and from their own experience, then they might be sure that syphilis could be perfectly, radically cured. They could tell their patients that, and give them courage and hope. If the patient had courage to go through with the treatment, and the physician had courage enough to stick to it, the patient might be radically cured. He thanked them for the reception they had given him; it reminded him a little of his hospital in Paris.

A question was asked whether Dr. Ricord was a believer in salivation.

Dr. Ricord replied—No, surely not. Salivation was an accident following the treatment, and it must be avoided as much as possible. There was but one case in which he approved of salivation, and that was in disease of the eye—iritis. When this occurred, and salivation was brought on, the inflammation of the iris subsided.

Dr. Gross asked whether the soft chancre was capable of contaminating the constitution.

Dr. Ricord said his opinion was that a soft chancre, when accurately diagnosed, never gave rise to constitutional disease. This was a law as absolute as possible. But they must be careful, or errors of diagnosis might be made. It was not always easy to establish the difference between soft and hard chancre, but when the diagnosis was certain, they might be sure they would not have any constitutional disease after the soft chancre. On the contrary, even as long as six months after hard chancre, secondary symptoms would appear. This was one of the most clearly established facts in practice. But the hardness of the chancre was not always well marked *(bien formulée);* it might be very superficial in those varieties that were attended with excoriation. When there was a something like parchment at the base, a chancre was very easily taken to be soft, but was not so; and he had had cases sent to him as instances of soft chancre which had been followed by secondary symptoms, but which were well characterized by the parchment-like base. However, there was a symptom of more value than the parchment base, a symptom that was one of the most important witnesses to constitutional affection, and that was the non-inflammation of the glands—they were cold and dull. In general several of them became enlarged; it was very seldom that only one was found to swell after hardened chancre; and not only were the glands swollen, but the enlargement frequently occurred on both sides, in both groins. The enlargement of the glands was of much value as a characteristic of hardened chancre. The enlarged glands appeared very early, even during the first fortnight of the existence of the sore. With the soft chancre the glands did not always swell; in a great many cases there was no swelling. They would never find a real hard chancre without swelling of the glands; and they would also find many cases of soft chancre with swelling, these cases depending upon surgeons confounding the hard chancre with thickening dependent upon inflammatory infiltration of the tissue immediately around the sore. But if the glands should swell after soft chancre, it was probable that suppuration would come on. With hard chancre there was no inflammation and no suppuration. The older writers directed their efforts to cause an indurated sore to suppurate, in the belief arising from the practical observation that when a bubo suppurated there was no constitutional disease, and therefore they were under the belief that the poison was thrown out of the body. In their quaint way of putting the fact, "they did not like to shut up the wolf within the fold." But they could not bring on specific suppuration in the case of indurated glands; it was impossible. He had tried all means of doing it, and could not succeed in the cases of specific suppuration. In the instance of soft chancre what had they to do—await the occurrence of suppuration, which might either be attended by simply inflammatory or specific bubo? With the soft chancre the inflammatory bubo appeared sometimes two, three, or four weeks after the occurrence of the chancre, and it had the characteristic pus of the soft chancre. There was such a difference between hard and soft chancre that it was difficult to make a mistake. When a patient consulted him (M. Ricord) suffering from soft chancre he said to him, "Be quiet; you may have a bubo; that will suppurate, but your constitution will be unaffected; you will not be liable to secondary symptoms." With a hard chancre he could predict indurated glands, attended by constitutional symptoms, within six months, provided proper treatment were not followed. He would add, that when it was decided that the case was one of hard chancre or soft chancre, the treatment was very simple. When there was a doubt as to the nature of the chancre, he waited till some characteristic symptom arose. But there were cases in which the existence of a soft chancre did not prevent a patient from contracting a hard chancre. The patient might have the two species at the same time, contracted from different sources. The two species, hard and soft chancres, do not depend upon the difference in the ground, but on a difference in the seed *(contagium).* So that the new comer who had relations with a woman suffering from the two species could take his choice. If the patient had a true indurated chancre and well diagnosed secondary symptoms, he might catch the soft chancre as often as he pleased, and it would be unattended with specific constitutional disturbance.

THE MEDICAL UNION

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Of Medicine, Surgery, and the Collateral Sciences.

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MEDICAL UNION.

THE Hon. J. H. Baker, U. S. Commissioner of Pensions, has recently taken a position in favor of Medical Union which will, if we mistake not, lead to important results. In his report to the President, on the condition of his department, he says: "In selecting persons to act as examining surgeons it is believed that greater than ordinary care has been used to secure men of broad views, liberal education and thorough professional acquirements, without regard to theories or schools;" and lest there should be any doubt as to his meaning, members of the different schools of practice have received appointments from his office. Not content with this, however, he has organized the Brooklyn Board with two of the old school and one of the new, leaving them to settle a problem that has, of late, attracted a great deal of attention in political and medical circles—namely, "Is it possible for the members of two schools of practice to work intelligently and harmoniously together for the public good?"

Now let us look at the history of this case. On the 20th of June, 1870, Dr. H. Van Aerman, Commissioner of Pensions, wrote to Dr. Spooner of this State, "It is deemed necessary that all examining surgeons for the bureau should belong to one school and adopt one theory of medicine. As you do not belong to the school of medicine recognized by the bureau, you are requested to withdraw your name from the list of examining surgeons, and accept my thanks for services already rendered." This letter was presented to several county societies, and to the State Homœopathic Medical Society, by whom resolutions were passed protesting against the action of the Commissioner, and asking for his removal. He was removed. Gen. J. H. Baker was appointed his successor, and all who had been removed by Van Aerman were reinstated. Shortly after Gen. Baker's appointment, a letter from the Department was sent to Dr. Leighton, the Secretary of the Brooklyn Board of Pensions, making inquiries relative to the professional standing of Dr. Albert Wright of that city. An answer was returned, "As he is a Homœopath, I cannot say anything of him professionally." Now, the printed instructions to examining surgeons from the bureau contain this clause, "In inquiring as to the professional standing of such (medical) witnesses, it is not intended to ask their standing in the school of medicine to which the surgeon certifying is attached, but their standing in the school to which they themselves belong. Are they recognized as reputable practitioners in their respective communities and by their *confreres* of the same school of medicine?"

It was ascertained by the Department that Dr. Wright was an old established physician of excellent character and good repute; and that Dr. Leighton lived near him, and could have answered the question correctly if he desired to do so, consequently Dr. L. was removed. A petition was then circulated among the members of his school, and very generally signed, asking that he be reinstated. He was reinstated, only to find himself associated with a Homœopath on the Board. His appointment placed him in a very peculiar position. He had asked for it, his friend had visited Washington to obtain it. Hundreds of his own school had petitioned for it, and when the coveted prize was obtained he could not accept it without endangering his position as a member of the Kings County Medical Society, the New York State Medical Society, and the American Medical Association, these societies having adopted the same code of professional ethics. That code (article 4, section 1) acknowledges that "a regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and *ought* to be the only acknowledged right of an individual to the exercise and honor of his profession," and then asserts that "no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma." For such as do consult with gentlemen "not recognized by this Association," three methods of discipline are provided by the Kings County Medical Society: 1st, Admonition; 2d, Suspension; 3d, Expulsion. Yet, on a reference to this Society it was decided to ignore these rules and quietly accept the situation, unpleasant as it must have been to them. What the American Medical Society will do about it we can only surmise; but as they succeeded so admirably in disciplining their members in the Massachusetts State Society, they may decide to try it again here. It is an excellent thing for "brethren to dwell together in unity."

Gentlemen of the old school, why will you cling to the traditions of the past? Why pretend that you believe in medical any more than in ecclesiastical infallibility? Why cling to your discipline when you know that every attempt to enforce it brings

ridicule and disgrace and defeat? Why denounce every other form of practice when every medical work published by the members of your school teems with laments over your inability to control disease? Do you not know that the establishment of a national religion would be fatal to this government, and can you not see that a national system of medicine is equally impossible? Did not your school first banish Galen from Rome, and then adopt him as your leader? Did it not ridicule Michael Servetus for proclaiming that the blood flowed through the veins? Did it not persecute Harvey when he announced his theory of the circulation, and denounce Jenner for the introduction of vaccination? The time for such nonsense has passed, and this, of all countries on the globe, offers the poorest field for its exhibition. The people are intelligent and thoughtful, and detest anything like bigotry; and, whenever an attempt is made to crush out the life of any sect, race or school, hosts of friends are attracted to it at once. The attempt to extend slavery resulted in placing the colored man in the United States Senate. The attempt to crush our school will result in its being introduced into the army and navy; and, when that is effected, the barriers between the two schools fall to the ground. Then we have a "school of brains," in which he wins who accomplishes the most good, and where all are free to practice as they like. This is all we ask, and this you will eventually have to concede.

THE WORLD MOVES.

AT a recent meeting of the Oneida Co. Medical Society (allopathic), Dr. Hutchinson offered the following resolution: "That our delegates to and permanent members of the State Medical Society be requested to urge that body to amend section four, paragraph one, of the Code of Medical Ethics so as to allow members of county medical societies to meet in consultation, all practitioners who are recognized by the laws of this State, whenever called upon by them or their patients." After a somewhat lengthy discussion, it was thought best to leave the subject to the action of the State Society. Dr. Hunt offered a resolution "that the Code of Ethics be so amended as to be more in harmony with the spirit of our republican institutions," but the resolution was tabled. What has the spirit of republican institutions to do with a Code of Ethics, which would have been a disgrace to the darkest days of the dark ages? Rip Van Winkle is indeed awakening from his long sleep, and the sunlight is somewhat blinding.

The Wisconsin State authorities are about to change the mode of treatment hitherto adopted in the State Asylum for the Insane, by the appointment of a homœopathic superintendent.

In the appointment of Pension Surgeons, the Government, in a printed form of instructions to its medical officers, refuses to discriminate in favor of the adherents of either school of medicine.

The Surgeon-General of the army has recently announced a desire to receive copies of all homœopathic publications, for preservation in the library of his department at Washington.

It really seems as if the world is moving after all, and one by one the strongholds of bigotry and intolerance are crumbling away before the advancements of science. These little signs of the times point clearly to the no distant day when all educated medical men may fully unite, not only in their associations for the advancement of medical science, but also in daily practice for the relief of human suffering.

We can afford to smile at the narrow-minded bigotry of some of the allopathic medical colleges and societies who still crack the whip to keep up their spirits, while they mourn for those good old days when Galileo was placed upon the scaffold by the learned men of his day to renounce the grievous error and damnable heresy of the revolution of the earth. The spirit of the old inquisitors, however, still lives in their hearts, but the power has passed away.

Dr. Flint, the Secretary of Bellevue Hospital Medical College, in reply to the question of an old graduate of that college, but now a homœopath, "Can one of my students be admitted as a member of your school on the same terms as others?" says: "He can attend the lectures, but in no case will the certificate of a homœopath be received as his preceptor." The impudence of this college is really amusing. Oh yes, we will take your money, they say, but you shall not graduate if you bring us a certificate of study from a homœopath, no matter though he may himself have been a graduate of this institution. If you expect to receive our diploma, there must be no stain of this damnable heresy on your garments. Those who have once seen, and enjoyed the instructions of the dignified and courtly savants who form the Faculty of this college, can only appreciate the terrible nature of the rebuke. This institution enjoys advantages in having its teachers on the medical staff of the hospital, so that into its clinique can be brought an immense amount of interesting material. In fact the ring is in power just now, and can, if it chooses, insist that the only gateway for the student to an appointment in the hospitals under its care, must be through some "regular" medical college. But how long will the people who pay the taxes for the support of these institutions submit to the insolence of these men? How long will the State permit its chartered institutions to be shut out from their just rights?

Political rings have been broken in pieces when they have grown too corrupt for public endurance; what is to prevent this even more corrupt sectarian medical ring being swept away, when the public shall at last have grown tired of its arrogance and incompetency?

A SUBSTITUTE FOR THE PRAYER TEST.

OUR friends, the parsons, are very justly indignant that such a proposition as that supported by Professor Tyndall should be seriously considered. The proposition to test the efficacy of prayer arises from a desire on the part of some scientists to submit to actual experiment a doctrine held by many as part of their religious belief. If "the prayer of faith shall save the sick," why not give an opportunity for demonstrating the actual value of prayer, as compared with ordinary methods of saving the sick? Why not devote the patients in one or two wards of some public hospitals, as objects for the special prayers of those who believe in the efficacy of prayer, while in all other respects the patients are treated as usual so far as medical attendance is concerned? At the end of a given time the hospital records will show whether there has been any notable decrease in the mortality of "the prayer wards"—whether those who have been prayed over have fared any better than those who were dependent on medicine alone—whether, in fact, there is any power in prayer to "save the sick" that can be demonstrated and depended upon. If there is such virtue in prayer as we are led to believe by our religious tenets, then prayer should form an important element in the treatment of the sick. If, on the other hand, our belief in the efficacy of prayer is proved to be an erroneous belief, then we must acknowledge the very foundation of our religious faith to be sorely shaken.

Such, in brief, is the tenor of the proposition to test the efficacy of prayer. We do not propose to enter into the controversy, for we are satisfied that the parsons, with whom we heartily agree, are perfectly able to dispose of the proposition without our help.

But while we condemn the proposed test of prayer as an impracticable and foolish proceeding of more than doubtful propriety, we propose in place of it another test that is neither impracticable, absurd, nor of doubtful propriety.

We propose that Homœopathy be submitted to a test as searching and conclusive as even the most pronounced enemies of Homœopathy could desire. We ask the Commissioners of Charities and Correction to set aside the half of any one of our public hospitals for a test of the efficacy of Homœopathy. Let one-half of Bellevue hospital, for instance, be under the control of homœopathic physicians and surgeons, and the other half remain under its present management. Let there be no discrimination as to the patients admitted—every other patient going to the homœopathic wards, or, the patients being numbered as they are admitted, let the even numbers be under homœopathic, and the odd numbers under allopathic treatment; so that perfect fairness may be insured in the comparative gravity of cases under treatment. Let perfect impartiality be shown to both sides. Every part of the hospital should be at all times open to the inspection of the proper authorities, and Committees of Inspection should make frequent visits, unannounced, to both sides. At the end of the year, let the results of the two methods of treatment be presented in separate and independent reports to the Commissioners of Charities and Correction, and through them to the public.

We claim that such a test as this will show that under homœopathic treatment, the mortality will be at least 25 per cent. less than under the present treatment; and we also claim that the expense of homœopathic treatment will be at least 25 per cent. less than the allopathic. Claiming, then, that homœopathic treatment can save 25 per cent. more lives than allopathic treatment, and that it will not only be more efficient, but less expensive by 25 per cent. than the present treatment, we ask the question, *is it worth while to test this thing?*

We wish to make this proposition a perfectly plain and practical one, and we know of no better way than to treat it as a matter of business. If we should go to some contractor and show him how he could carry out a contract with less money, and at the same time perform better work than could be accomplished by the ordinary methods, he would think it worth his while to test the thing. We have just such a proposition to make to every property holder in this city, for each one is a partner to a contract which binds him to take care of the sick poor. He is taxed for the support of the public hospitals, and it is for his interest to have them managed economically. As it costs more to have a patient die than to have him recover, the most successful treatment will also be the most economical.

It has been estimated that New York pays out every year as much money for her hospitals as would provide all the patients with rooms and board at the Fifth Avenue hotel, and leave a balance for opera tickets for the convalescents. When we speak, then, of saving 25 per cent. of the expense, we allow a wide margin. We claim, however, that homœopathic treatment is from its nature a cheaper treatment than any other, and in proof that our claim is well founded, we refer to the annual report of the Comptroller of the State of New York, where it will be found that the average cost per patient in the various hospitals and dispensaries of the city is about

50 per cent. in favor of Homœopathy on the ground of economy alone. Our claim for Homœopathy, however, is mainly based on its efficiency. It is the saving of 25 per cent. more lives that is to be the test, and the saving of 25 per cent. in the expense of treatment is a secondary matter.

Whenever the claims of Homœopathy are opposed by the old school, the basis of opposition is invariably narrowed down to one statement, viz: that statistics are unreliable. It is a strange argument to use against Homœopathy when, in all other things, statistics are regarded as the strongest possible evidence. The moral turpitude of figures which lie so persistently on one side of the question is appalling to every right-minded statician; but when it is considered that these wicked figures give the same incorrigible results, even when the facts are collated by the opponents of Homœopathy, it is certain either that the character of statistics is forever lost, or that all that has been claimed for Homœopathy is true.

An inspection of a few of these figures will repay perusal. In the annual report of the Inspectors of the Michigan State Prisons for 1862, the results of the different systems for three years—1860, 1861, 1862—are given, as follows:

	Allopathic.	*Homœopathic.*
Prisoners,	435	544
Deaths,	39	20
Days' labor lost,	23,000	10,000
Cost of medicines,	$1,678	$500

During the war, two military hospitals in St. Louis, Mo., were placed respectively, the one under the care of Dr. Franklin, a homœopath, the other under that of Dr. Paddock, an allopath. The following is the official report for six months, ending September 30th, 1864:

HOMŒOPATHIC HOSPITAL.

	Cases.	*Cured.*	*Died.*
Typhoid fever,	39	35	2
Pneumonia,	13	13	0
Diarrhœa,	95	92	3
Dysentery,	32	27	5
All other diseases,	654	646	3
Totals,	833	813	13

The balance remaining under treatment.

ALLOPATHIC HOSPITAL.

	Cases.	*Cured.*	*Died.*
Typhoid fever,	10	2	7
Pneumonia,	23	10	12
Diarrhœa,	106	71	23
Dysentery,	30	7	21
All other diseases,	821	641	57
Totals,	990	731	120

The balance remaining under treatment.

A recent inquiry into the register of deaths kept by the Metropolitan Board of Health of this city, shows that during the years 1870 and 1871, there were, *in private practice*, the following comparative results between the old and the new school:

"Nine hundred and eighty-four (984) Allopathic physicians lost 30,395 cases; 156 Homœopathic physicians lost 2,530 cases, *averaging* 30.89 *deaths to every Allopath, and* 16.22 *deaths to every Homœopath practising in New York City during the past two years!* In other words, *the mortality under Homœopathic treatment is, proportionately, only* 53 *per cent. of the mortality under Allopathic treatment*, where the physicians of the two schools have been practising side by side." The worst of these figures is that the more they are investigated the more incorrigible do they become. Collected and arranged by an allopathic board they will persist in giving their evidence in favor of Homœopathy. As long ago as 1836, the Austrian *Protomedicus* reported to the Government that in the Vienna Homœopathic Hospital *two-thirds* of the cholera patients *recovered*, while in the allopathic hospitals *two-thirds* of them *died;* and on this report was based the decree of the Emperor, still in force, legalizing the practice of Homœopathy in Austria. From that time, and even earlier, to this, these absurd statistics have been accumulating, and these wicked figures have been telling the same old story. The practice of Homœopathy seems to be gaining ground among the people. It appears to have taken a strange hold on the wealthier and more intelligent classes, that can only be explained by the fact that some people believe the figures. It is time that the fraud should be exposed, if it be a fraud, and the question of the efficacy of Homœopathy be publicly tested. For our part we promise our best efforts to bring the question to an issue.

THE DEATH RATE IN NEW YORK FOR 1872.

FROM the report of Dr. Charles Russel, Register of Records, Health Department, we learn that the total number of deaths in New York City the past year was 32,647, giving an annual death rate of 32.86 in each 1,000 inhabitants, the population being estimated at 1,000,000, and that of these deaths about 50 per cent. were of children less than five years of age. The mortality of the year was nearly 5,500 over that of any previous year. "The peculiar influences, meteorological or otherwise, which contributed to so large a mortality, are not altogether apparent, as the rise in weekly mortality began to be noticeable in the very beginning of the year and continued to the end. Such causes were certainly not confined to this city, as every large Eastern city from which we have yet received returns participated to even a greater extent in the same trouble. During 1872, as com-

pared with 1871, the increase in Boston was 34 per cent.; in Providence and Philadelphia, 28 per cent.; in Brooklyn, 23 per cent.; and in New York only 21 per cent. That of Cincinnati was normal—about 6 per cent. A large territory along the Atlantic was thus overspread by the same disturbing elements. The summer's heat was certainly remarkable, and its humidity high, to which circumstances we may attribute much of the mortality of the last season and early autumn; but the meteorological phenomena of the rest of the year offered no features extraordinary enough to account for the unwonted death rate.

"The zymotic class of affections produced 8,364 deaths in 1871—31 per cent. of the total—and 11,922 in 1872—37 per cent. of the total; an excess of 3,558 deaths, or of 69 weekly. Every important disease of the miasmatic group shared in this increase save relapsing fever, whose mortality in both years was so trifling as to exclude it from the list which we now present:

Deaths from	1871.	1872.
Small-pox	805	929
Measles	409	463
Scarlatina	791	990
Diphtheria	238	446
Croup	466	675
Whooping-cough	465	565
Typhus fever	65	86
Typhoid fever	239	364
Typho-malarial fever	12	22
Intermittent fever	110	111
Remittent fever	165	193
Cerebro-spinal fever	48	782
Puerperal fever	80	107
Diarrhœal diseases	3,653	5,197"

Cerebro-spinal fever became epidemic early in the year, and destroyed 782 lives. The same disease was credited with 32 deaths in 1867, 34 in 1868, 42 in 1869, 32 in 1870, and 48 in 1871. Of the 929 cases of small-pox, 50 per cent. of the deaths were in the Eleventh and Seventeenth Wards. As these wards contain but 17 per cent. of the entire population, the fact affords a very suggestive commentary on the remarks made on another page of the fearful overcrowding and lack of ventilation in the tenement houses in certain localities. The fact also, that in this nineteenth century, in a city washed on all sides by tide water, easily drained, and which might be made the most healthy in the world, nearly one-half of all the deaths are of children under five years of age, should not be forgotten. And all the time our taxes are increasing at a fearful rate. Money is poured out like water, money which, if properly spent, would make our city the most beautiful, the most healthy in the world. It is true these fifty per cent. of deaths are only children,

> "But the child's sob in the silence curses deeper
> Than the strong man in his wrath."

THE POST-MORTEM OF NAPOLEON III.

In another column will be found the official report of the doctors who made the post-mortem examination of Napoleon III. We must confess that there is very little to be gained from its perusal, but we advise our readers to study it, and perhaps their opinions will differ somewhat from ours in the case, and perhaps not. After a careful analysis of the paper in question, we are compelled to believe that this report is intended as an apology to the public, rather than as an explanation to the profession; but whether as an apology or as an example of pathological research, it is alike unsatisfactory, incomplete, and unscientific. We are told that the patient died "from failure of the circulation." It would have been expressed in more popular and equally satisfactory terms if the patient had been reported as "dead from want of breath." It would have been more honest if the physicians had acknowledged, in plain terms, that they did not know the cause of death, and were unable to find it out. But instead of this they have committed themselves to an opinion which appears to have one fact as a basis, and two hypotheses as a superstructure. "Death took place," says the report, "by failure of the circulation, and was attributed to the general constitutional state of the patient. The disease of the kidneys—of which this state was the expression—was of such a nature, and so advanced, that it would in any case have shortly determined a fatal result." Disease of the kidney is the fact; it is assumed that this disease produced a peculiar constitutional state, and that this constitutional state produced failure of the circulation and death. Dr. William Gull prefers to consider a disease of the bladder as the prior lesion and accepts everything else in the report. But it will follow logically, and pathologically, that if Dr. Gull is right, then the others are wrong. No experienced physician will accept the statement that sudden death can be dependent upon cystitis of the "sub-acute" variety, nor is the evidence of the condition of the kidneys sufficient to warrant the assertion that they were the cause of death. Hundreds of men are attending to their ordinary avocations today, whose kidneys are in a much worse pathological condition than those which are reported to be the cause of Napoleon's death. This was not a case of Bright's disease, nor indeed is there any attempt on the part of the doctors to class it among the varieties of Nephritis, where it properly belongs. No mention is made of the rheumatic or gouty diathesis of the patient which obliged him to resort so often to the waters of Vichy. We have not been informed what internal remedies were used, how much chloroform or ether was administered, or what the thermometer revealed as to his vital condition. We are only told that "there was no disease of the heart nor of any

other organ, excepting of the kidneys," and are left to infer that there was either no cystitis, or that the bladder is not an organ.

We are willing to admit that the very best medical and surgical skill was employed in the case, but when we consider that the case was one in which the treatment from beginning to end must bear the criticism of the whole world, and that these doctors were the representatives before the world of the highest and latest development of medical science, we have a right to expect, for the honor of the profession, that a full and complete explanation of the case, based on the post-mortem examination, should terminate the labors of the medical attendants, and in this expectation it is needless to say we are disappointed.

As to the operation of lithotrity as performed in the case by Sir Henry Thompson, we are not prepared to give an opinion with the brief information at hand. We can hardly credit the report that such an accomplished and experienced surgeon could have committed the errors of carelessness, want of delicacy in manipulation and undue haste, as alleged by Nelaton. Our province is to examine facts rather than rumors, and it is more than sufficient for us to know that the post-mortem examination was a piece of bungling, and that so many eminent men signed their names to it.

The Medical Union Clinic.

Facial Paralysis, treated with Electricity, Nux-Vomica and Hyosciamus.—In October last, a gentleman, of active business habits, came to me with the left side of his face and tongue paralyzed to such an extent that he was unable to retain anything in his mouth, or even to swallow, except with his head thrown well back. The treatment was *nux-vomica* and *hyosciamus*, with the daily application of electricity. In seventeen days, every unpleasant symptom had passed away, and he was again able to attend to business.

GEORGE BEAKLEY, M. D.

Veratrum Viride in Puerperal Peritonitis.—Mrs. R., age 33, aborted about the third month. Had considerable hemorrhage daily for three weeks, when she had a chill, followed by fever, with severe pain in the uterine region, and sharp darting pains throughout the abdomen. The fever increased in intensity, pulse being 140, heat of skin 103°, violent headache, with slight delirium on the third day, great ten derness over the whole abdomen, and considerable tympanitis. The discharge from the uterus became offensive. About the fifth day, vomiting began, the patient complained of agonizing pain in the back of the head and down the spine; also said she could not see. The physician in attendance becoming alarmed, asked me to see the case. I prescribed veratrum viride gtts. xx, water iv. oz., two tea-spoonfuls every hour; compresses, wrung out in cold water, to be applied to the abdomen and changed frequently, and ordered the attendant to rub the back of the neck and down the spine with the hand dipped in cold water. Saw the patient the next day; all the symptoms modified; treatment continued. In ten days the patient was well and able to ride out. No other remedies were used, except permanganate of potash injections, to cleanse the vagina and destroy the odor.

G. C. BROWN, M. D.

Pleuro-Pneumonia.—Mrs. C. H., 28 years old, scrofulous, suffered periodically from a troublesome cough. The 20th of December, 1872, she took a long walk, thoroughly soaked her shoes and stockings, and neglected to change the latter on her return home. During the night she had a high fever with chills creeping down her back, and internal chilliness.

I saw her in the morning, December 21st; she complained of severe pains in the forehead, constant restlessness, inability to lie on either side, frequent dry cough, and when she was able to raise sputa, they were rusty-colored and streaked with blood. On examination, found the temperature of the body 106.7, face red and eyes glistening. Percussion over the 3d and 4th ribs dull; below, deep resonance; auscultation showed rattle of mucous from beneath the second to the fourth rib; and below a rasping rattle. Pulse 140.

The first remedy given was Aconite 30th; continued through the day and night. The next day, most of the febrile symptoms having subsided, and her restlessness disappeared, she having slept comfortably through the night, Asclepias tub. was administered, one drop every hour. The third day the sputa changed from rust-colored and blood-streaked to a pure white; was able to lie on the right side and coughed without pain or exertion; no rattle, mucous or otherwise. Appetite returned; pulse 90; percussion normal. Asclepias continued.

The fourth day, she was very comfortable. Slept eight hours without coughing. Coughed but little now; sat up and ate a hearty meal. Left two drops Sulphur 30th. Has had no relapse or cough since, up to the present time.

C. E. BLUMENTHAL, M. D.

Mercurial Necrosis of the Lower Jaw—The Bone Thrown Out by Nature—Reproduction of the Jaw.—Lillian L., ten years old, a resident of Greenpoint, was brought to my surgical clinic Oct. 22d, 1870, with the following history: When she was two months old she had an attack of inflammation of the lungs, and ever since she has been subject to such attacks, especially in the winter time. In February, 1868, she was attacked in the usual manner, and was treated at a dispensary (Allopathic) in this city. She was salivated. As her mother described it: "Her mouth became sore; the spit dribbled away all the time and was stringy; her teeth loosened, and her breath was very offensive." She suffered from "toothache" in the vicinity of the first molar of the left side. This "toothache" spread all over the jaw, and the whole jaw became swollen. Some pus oozed out from the alveolar ridge, but this discharge was soon diverted in another direction. An abscess formed under the chin, and then another, and so on until a chain of abscesses gathered under the jaw. From these abscesses pus

was at first discharged, and then occasional pieces of bone. The swelling about the jaw was very much reduced after the breaking of the abscesses. In 1869 these abscesses had become fistulous openings, leading down to dead bone. In 1870 the fistulæ became united in one cavity, and in July, 1870, the entire bone, including the condyles, came out spontaneously. The parts immediately closed, and when she was brought to me there was only the scar to show how extensive the opening had been. October 22d, 1870, I presented this case before the class in surgery, a little rosy-cheeked girl with a scar under her chin, and not one of the students was able to tell, from any external examination, what had occurred to the patient. And when I afterwards produced her old jaw-bone, it required tangible evidence to convince them of the realities of the case. The patient, at this date (October 1870), three months after the spontaneous removal of the dead bone, presented the following characteristics: The new bone was of the same size as the original bone; there was no retraction of the chin (as in the case reported in the last number of the UNION, where I removed the lower jaw of an adult by operation), and all the movements of the jaw were free and natural. The new jaw was in fact a *fac simile* of the old one, except that it contained no teeth. This child came of a tuberculous family; she had a lateral curvature of the spine, and was undoubtedly a scrofulous subject, although her face presented a perfect picture of health. She was subject to nightly attacks of pain, and complained of "a tired feeling" during the day. I placed her upon Phosphorus 1 and cod liver oil. My last report of the case was: "Dec. 3d, 1870, she is rapidly gaining in strength; has a good appetite, and is able to go to school half a day."

J. C. MINOR, M. D.

Epidemic Ophthalmia—Egyptian Ophthalmia.—In the early summer of 1865, it was my privilege, as well as pleasure, to have the charge of the ophthalmic department of St. Peter's Hospital in Brooklyn. This department had been rendered a necessity, by the appearance of an epidemic ophthalmia, which had suddenly attacked a great number of children attached to the school of St. Peter's church. Its spread was so rapid that a separate building was found essential to the proper care of the children. When I took charge there were fifty-two little patients, and most of the cases were in the advanced stages of the disease. The room in which I found my patients was lighted by six large uncurtained windows, and they were seated on benches about the room industriously bathing their eyes from bowls, which they held in their hands, containing a weak solution of nitrate of silver. I found that the disease was introduced into the institution by one of the children, who had contracted it outside, and who communicated it to the others by means, probably, of the towels placed for the general use of the children. As soon as possible I divided them into three classes. The first class was made up from patients in the first or inflammatory stage. The second class contained the patients suffering from the full violence of the disease, and the third class contained the convalescents. These classes were placed in separate apartments, and the light excluded. I found the earliest symptoms to be that of intense itching, accompanied by dryness of the conjunctiva, which lasted but a few hours. Then the Meibomian secretion seemed increased, but changed from a thin acid secretion to a thick, muco-purulent one. The vessels of the conjunctiva became engorged, and the patient complained of a feeling as if sand was thrown into the eyes. This was followed by œdematous swelling and eversion of the lids (ectropium).

In certain cases the whole of the cornea was involved, and in five cases rupture of the cornea was the result. Of these cases it is only fair to say that in each case the disease had progressed some time before I took charge of the institution, and that they were the only cases out of the entire number (138) where the sight was destroyed.

Treatment.—In referring to my note-book I find that the Extract of Hamamelis, known as Pond's Extract, played a most important part in the treatment of all of the patients. In many cases it was sufficient for a cure, and in all cases it was of inestimable value. This extract was diluted one half with water, and a cloth wet with it bound over the eyes. It was invariably the first remedy ordered, and the last one to be discontinued. The other principal remedies used were, Belladonna, Hepar Sulph., Rhus-Tox., Mercurius Sol., Silicia, and the Iodides of Sulphur, Arsenic and Iron. The patients were allowed a very liberal diet of meat, vegetables and fruit.

A. E. SUMNER, M. D.

The Treatment of Paronychia Palmaris.—An inflammation of the fasciæ of the palm of the hand is one of the most painful affections to which the human body can be subjected, and one which formerly gave me less satisfaction—and my patient, too—than almost any other inflammation which I have had to treat. Such cases are rarely presented to the physician for treatment until after inflammation is fully established, and I have never yet found the homœopathic remedy that would cut it short, or in any way prevent it from running a full course of inflammation, suppuration and agony. Sil. Mer., Rhus, Hep. Sul., Acon., had no such effect, lancing and poultices, the same. Being disgusted with the result of my efforts in constitutional treatment, I determined that my future cases should be treated differently and locally.

My first case, after I arrived at this conclusion, was a gentleman who called at my office for advice about his hand, which, he said, was paining him terribly. The hand was very much swollen, the inflammation and pain extending up his arm to the axilla.

I thought I would try Hill's treatment of hot salt bath and salt and turpentine, which I instructed him how to use. The next morning he sent for me and said he could not stand the turpentine and salt, as it made the pain ten times worse.

I found the hand very much swollen, the skin hot and dry, pain intense, extending up the arm. There was one point which indicated suppuration, which I lanced. I then told him to get a pitcher in which he could put his hand; I then filled it with water above the wrist, and poured in about an ounce of Hamamelis, telling him to keep his hand in it as long as he could, and, when tired, to wrap it up in a cloth wet with the solution. I also gave him Aconite to take once an hour.

The next morning I called and found him reading a newspaper. He said that in less than an hour the pain entirely left his hand and arm, and he went to sleep, which he had not done for a week previous. Of course I was delighted, and he too, at the prompt action of the Hamamelis.

The swelling of the arm had even then entirely subsided, and the size of the hand was very sensibly diminished. There was a discharge of pus for about a week from a small point, but the swelling had disappeared, and he was able to attend to his business.

My second case was a gentleman who sent for me to call and see him. I found him walking the floor in apparently intense pain. He said he had not slept for a week from inflammation and pain in his hand, which I found enormously swollen, the swelling and pain extending up the arm. He had been poulticing his hand from the commencement, and his hand was so swollen that he had no pitcher in the house large enough to admit it, and had to use a jar. After lancing his hand—there was no pus—he put it in the jar, which I filled to above the wrist joint; I then added about an ounce of Hamamelis, also giving him some Aconite to take once an hour. He then laid down on the bed in such a position that he could keep his hand in the jar. The next day I called and found him a very happy man. He said it was not fifteen minutes after he put his hand in the jar before the pain entirely left, and he went to sleep. There was a slight discharge of pus for a week and the hand had a swollen and doughy appearance for about the same time, but under the use of Hamamelis it was entirely well in less than three weeks, and no more pain attended it.

W. Freeman, M. D.

Electricity in Chronic Constipation.—A few months since, I was called to a lady who had been suffering from constipation for nearly twenty years. She was 36 years old; had been treated with strong cathartics, and enemas having finally lost their power, been told that she must rely upon the former during the remainder of her life, as the only palliative of which the case admitted. The cathartics in question, which, in temporarily relieving, had, as I learned from the patient, materially aggravated the disease, were at once discontinued. It was proposed simply to aid nature by improving the circulation, strengthening the digestive organs to do their work more efficiently, and giving new tone to the lower bowels. In one week, her general condition was perceptibly improved. In two months, this initial amelioration had so far proceeded to a perfect cure, that a brief additional period had already been fixed by me and announced to the patient, as the time when further ministrations would be superfluous; but at this point the subject became *enciente*, which necessitated a discontinuance of the mode of treatment. She has, however, been doing remarkably well since.

The second case was that of a young lady of twenty years, who had been suffering from constipation for two years. Cathartics had not been exhibited, as she was strongly averse to that system of medication. Homœopathic treatment had, apparently, ceased to be of avail in the hands of a very competent practitioner, The clyster was the only resort, though it had almost entirely ceased to be efficient. I immediately forbade the use of enemas; administered two treatments per week for two weeks, and finding the improvement at the expiration of that time not as rapid as had been anticipated, increased the number of treatments to three per week. There was no action from the bowels after the commencement of the exhibition of electricity, for nine days. The motion which then occurred was difficult and not large. But, nevertheless, the tonic and restorative effect of the new treatment upon the general powers of the patient (a naturally nervous person, in a highly nervous condition when I was first called to her, complaining of mental depression as well as physical debility) was so marked, that no discomfort was experienced from waiting so long for a movement, while the depression and debility alluded to were very sensibly relieved. From the first movement, the bowels began gradually, but steadily, to go back to a healthy condition. Six days elapsed between the first and second motion, four between the second and third, and so on till the end of the cure, which was completed in seventy days. Since then, the patient has been in perfect health.

In both of these cases the process of treatment was the same.

With the negative S. C. at the rectum, the positive through a sponge electrode, in the hands of the operator, five minutes on the back of the neck, and over the pneumogastric nerve, and five minutes more down the spine. Then ten minutes over the liver, spleen, stomach and abdomen. Here, the pole was reversed for ten minutes, the negative being above and the positive at the rectum. During the treatment, the rectal electrode was three or four times used with the negative pole for five minutes, while the positive was applied over the abdomen. The only drug used was an occasional dose of *nux vom.* of the 30th. In both cases, the treatment was administered three times per week. In the second of them, four months have elapsed since the patient was discharged as cured, and the bowels continue perfectly regular, with sound, general health.

L. G. Fillette.

Phytolacca Decandra.—This remedy, though already incorporated in our approved list of medicines, has by no means as yet acquired the credit it justly deserves, on account of the wide range of diseases with which it enters the list as a victorious combatant.

I will therefore cite a few cases, somewhat dissimilar in character, which it has cured almost unaided.

Syphilis inveterata.—This was a case of five years standing. The patient, A. D., a German of healthy parentage, 31 years old, had an acute attack of syphilis, in November, 1862. He was cured!! in about five weeks by the ordinary treatment with mercurial remedies. This was followed in the spring of 1863 by a severe attack of rheumatism, treated with Colchicum, Lithium, and sulphur baths. After his recovery he continued to complain of pain in his bones, and a constant aching in the joints, accompanied with swelling. In the fall of the same year, syphilitic sores made their appearance on both his arms and legs. He was then treated with massive doses of Iodide of Potassium, Merc. Biniodide, and was again directed to use the sulphur bath. He continued under this treatment for three years

with varied success. Sometimes the sores would heal and remain so for several weeks; but after any indiscretion in his diet or mode of living, would break out again with more or less virulence, until after having continued under this treatment for three years, the ulcers assumed an obstinate chronic form, and spread gradually but constantly until they covered nearly the whole of the arm and leg.

Disgusted now with his hitherto unsuccessful treatment, he applied to another physician, who treated him externally with earth, and internally with Ars. 6th and Kali bichrom. 6th. He now began to improve, and for a time it seemed that the ulcers would heal kindly, while his general health improved rapidly. But after an excess of indulgence at a large dinner-party, during which he partook of an unusual quantity of champagne, he had an attack of rheumatic gout; and after that the ulcers broke out with renewed vigor, and proved to be excessively stubborn. Ars. and Kali bichrom. made no impression any more; Baptisia, Cornus and Myrica were now tried, but all without any good results except probably the latter. The patient was now sent to me, with the request to do the best I could for him. I found the ulcers from one-half of an inch to three inches in size, irregular in shape, with ragged edges, and the surface studded with minute granulation which bled readily. The ankles and knees were swelled and inflamed, the skin over the swelling glistening and exceedingly sensitive to the touch. The tongue clear, bowels regular, urine turbid, with an excess of uric acid, pulse 95, little appetite, and very restless at night, but quiet, though feverish during the day. Gave Rhus-tox. 6th and Bell. 12th, one drop dose every two hours for two days. He slept well and the pains in the knees and ankles were much less. Gave now Phytolacca dec. two drops every two hours, and nothing else. Externally, an application of Phytolacca, dissolved in diluted glycerine. After two weeks uninterrupted treatment with this remedy, the ulcers had diminished two-thirds in size and were covered with a healthy granulation. Continued the external application and gave the Phytolacca every four hours; steady improvement. Five weeks after the commencement of the treatment the ulcers were healed, the knees and ankles normal in size and appearance, and the general health apparently very good. Ordered the Phytolacca to be continued twice a day for three months. No further breaking out of ulcers after that, neither has he thus far been troubled again with rheumatism. But Phytolacca has proven itself also of great value in other diseases, and wrought as striking cures as this, of which more hereafter. C. E. BLUMENTHAL, M. D.

HOMŒOPATHIC RECOGNITION.—The faculty of the St. Louis Homœopathic College won a large victory, after several persevering efforts. The Board of Health has granted them one day in each week to take their students to the City Hospital for object lessons, but are not to interfere with the Allopathic treatment practised there.

Subsequently to this action of the Board of Health, the faculty of the Homœopathic Medical College of Missouri appointed Dr. E. C. Franklin, Professor of Surgery in that College, to fill the position granted by the Board of Health. Dr. Franklin visits the City Hospital with the students of the College every Wednesday, from 11 to 12 A. M., for purposes of object lessons and clinical teaching.

Scientific Gleanings.

PAPER LAMP-SHADES.—Dr. Mirus mentions two cases in Iowa and one in Frankfort, where persons using green glazed paper lamp-shades were poisoned by the arsenic of the coloring matter. The heat of the lamp volatilized the arsenic and rendered the small quantity present very dangerous.

WAR AND INSANITY.—It was supposed that the disasters attending the late war had had the effect of increasing the number of insane persons in France. Statistics, however, do not confirm this conclusion. In 1869–70 there was admitted into the asylums 11,165 patients, whereas, for the year of the war and the insurrection, the number was 10,243. The asylums now contain 3,000 less patients than in 1869.

A NEW CAUSE OF DIABETES MELLITUS.—In the *Archiv für Anatomie und Physiologie*, Drs. Bock and Hoffman have stated that an injection of a weak solution of common salt into the carotid or crural artery of a rabbit, produces diabetes mellitus. First polyuria takes place, then comes the sugar, which reaches a maximum quantity, and then gradually ceases. This is suggestive of Natrum mur. as the homœopathic remedy.

DEPILATORY.—Prof. Boettger recommends the following as safe: One part of crystallized sulphydrate of sodium is rubbed to a very fine powder, and mixed with three parts of prepared chalk. The mixture keeps well in closed vials. Mixed with water and applied to the skin, the hair becomes soft in two or three minutes, and is readily removed by water. A longer application is apt to corrode the skin.—*N. Jahrb. Z. Pharm., Oct.*, 1872.

BLOOD IN ERUPTIVE DISEASES.—A microscopic examination of the blood of persons afflicted with measles and scarlet fever, says Dr. Hallier, disclosed the presence of minute cell-like spores or fungi. The perspiration collected from these patients was also found to contain these peculiar and characteristic micrococci in abundance. Dr. Hallier believes these fungi are not only the concomitants but the cause of these diseases.

GLYCERINE.—Friedel and Silva have produced glycerine by passing the vapor of fusil oil through a red hot tube, forming propyler. This combines with chlorine and from the chloride of propyler thus obtained glycerine is produced, by a process in which no glycerine is employed. As glycerine is the base of all true fats, this is an important step in the direction of oil making.

A CASE OF TRANSFUSION is reported in *The Richmond and Louisville Medical Journal*, Dec., 1872. It was performed by Dr. J. Francis King, in the City Hospital of Wilmington, N. C. The case was one of gangrene and tetanus following amputation of the left leg. The blood was obtained from the carotid artery of a lamb, which was connected by means of glass tubes with the cephalic vein of the man. The patient was unconscious, cold and nearly pulseless. In a few moments consciousness returned, and the patient complained of suffocation. The tubes were now withdrawn and six ounces more of blood were injected by means of a syringe. There was great improvement for several days, but the old condition returned again, and the patient died on the fourteenth day after the operation.

CHLORAL IN VENEREAL ULCERS.—The *Gazzetta Medica Ital. Lomb.* announces that Dr. Accetella uses a concentrated solution of chloral to ulcers that have resisted the application of powerful caustics as the acid nitrate of mercury. After the first application the deep parts of the ulcer become detached, and healthy granulations spring up. To cure abrasions and simple ulcers a weak solution should be employed.

VALUE OF APOMORPHIA IN CASES OF POISONING.—Dr. Loeb (*Apoth. Zeitung*, 1872, No. 45) relates a case of poisoning of a young man who had swallowed a portion of a solution of oil of bitter almonds. Half an hour afterward the patient was found with a livid countenance, rational, but very weak, vision impaired, pulse 96, heat of body not altered. A subcutaneous injection of apomorphia, ⅛ gr., produced emesis in eight minutes, which was repeated in five minutes. The young man felt better at once and was well the next morning.

CYSTS IN THE LIVER IN CHILDHOOD.—Bouchut (*Gaz. des Hop.* 8, 1872) made an observation on a girl of eleven, who was brought into Hôpital des Enfants Malades, with a severe pain in the right hypochondrium and a swelling in the same locality. The tumor had grown gradually in six months, so that a notable raising up of the ribs was perceived in the region of the liver. The increase in size of the liver was in the right lobe, in which an elastic fluctuating tumor was perceptible to touch. The child was thin. Dieulafoy's aspirator drew off 85 grammes of saltish serosity. A few days after pleurisy ensued, but the child recovered.

RELATIONS OF LOCAL DISEASES TO THE NATURE OF THE SOIL.—Dr. Moffat, in a paper read before the British Association, shows that the nature of the soil exercises great influence on the character of endemic disease. Anæmia is the prevailing condition of the inhabitants of the carboniferous land, while it is almost unknown on the red sandstone. Consumption is also more prevalent in the carboniferous district. Dr. Moffat examined the constitution of wheat grown on the Cheshire sandstone, and found it produced much more ash, and hence a larger proportion of mineral constituents, including oixde of iron, than that grown on the carboniferous soil. He estimates that a pound of wheat from the first furnishes five grains more of oxide of iron to the consumer than a pound of wheat from the second soil. An examination of the blood of animals kept in the two districts confirmed the above observations.

TREATMENT OF FIBROUS TUMORS OF THE UTERUS BY SUBCUTANEOUS INJECTION OF ERGOTINE.—Subcutaneous injections of ergotine have been used already in various affections, particularly against aneurisms, by Langenbeck and Albanése, and against hemorrhage (menorrhagia chiefly), by Ruben and Zeute. Dr. Hildebrandt has gone further, and tried ergotine injections against fibrous tumors of the womb. He at first, however, had only made use of that means against the hemorrhage brought on by such a tumor. An unhoped-for result crowned the treatment, as the tumor, which was very large, gradually diminished, and at last disappeared in about fifteen weeks. Except during menstruation, daily injections were made with 3 parts of ergotine, dissolved in 7½ of glycerine and 7½ of water. The amount injected was the whole of a Pravaz syringe. In five or six other cases, the treatment was nearly as successful. In two cases, however, symptoms of poisoning by ergotine occurred, and the treatment was abandoned.—*Berliner Klinische Wochenschrift*, June 17, 1872.

ANCHYLOSIS OF THE HIP JOINT was lately treated by subcutaneous section of the femur below both trochanters, by Mr. Gant, in a case occurring at the Royal Free Hospital. *The Lancet* gives the surgeon's reasons for preferring this mode of operating over the ordinary methods, as follows: "1. On the pathological ground that the section is not made in a diseased portion of the femur, but in a sound and healthy bone. 2. For the anatomical reason that the resisting psoas and iliacus muscles are set free. Further, that there is no risk of atrophy or necrosis of the head of the bone from cutting off its vascular supply. If successful, Mr. Gant thinks that this operation will be applicable (instead of excision) to a class of hip-joint cases, where the disease is quiescent, but the limb useless from anchylosis and malposition." The result of this case (operated upon Dec. 10th, 1872) will appear in due time.

INGROWING TOE-NAIL.—BY DR. G. STILLWELL.—Forty years since, when I was an assistant, a young farmer one day came to the surgery, and was operated upon for an ingrowing toe-nail. This was done by tearing the nail away. The poor fellow suffered so severely that I was induced to say, "I will never perform that operation." Of course, in many years' active practice, I have had many such cases under my care; and my invariable mode of proceeding has been to find the edge of the nail with a probe, and then remove the whole of the granulations and hypertrophied cellular tissue on both sides, if requisite. In no case have I been disappointed, or ever had to treat the patient for a return of this grievous complaint. I fully expected that this mode of treatment was general; but my attention has been recently drawn to the case of a fine young man rendered almost a cripple, by having had both his great toe-nails torn out, leaving the overlapping skin to such an extent as to prevent healing, with the probability of return on the growing of a new nail. —*British Medical.*

MURIATE OF AMMONIA is used by Dr. W. Stewart (*Indian Medical Gazette, Aug.* 1, 1872), with remarkable results in the treatment of chronic diseases of the liver. After a few doses the patient often feels a very sudden and sometimes severe pain in the right hypochondriac region, often a feeling of shock; this does not recur, but there is very constantly a drawing sensation in the region of the liver. The skin rapidly clears up under the influence of the drug, appetite and sleep return, hectic fever, if present, vanishes, and the gloomy despondency of the patient gives place to hopefulness. The medicine often produces free perspiration and also diuresis. To induce this favorable change, however, the muriate must be steadily given from six to ten days, as its action does not sooner become apparent. The dose is twenty grains two or three times a day. When there is a chronic enlargement of the viscus, the administration should be persevered in for weeks, and even months, and the liver will, in nearly all cases, gradually shrink away to its normal size.

THE POST-MORTEM OF NAPOLEON III.—The following is the official report of the doctors who made the post-mortem examination: "The most important result of the examination was that the kidneys were found to be involved in the inflammatory effects produced by the irritation of the vesical calculus (which must have been in the bladder several years) to a degree which was not suspected, and if it had been supposed could not have been ascertained. The disease of the kidneys was of two kinds; there was, on the one hand, dilation of both ureters and of the pelvis of the kidneys; on the left the dilation was excessive and had given rise to atrophy of the glandular substance of the organ. On the other there was sub-acute inflammation of the uriniferous tubes, which was of more recent origin. The parts in the neighborhood of the bladder were in a healthy state; the mucous membrane of the bladder and prostatic urethra exhibited signs of sub-acute inflammation, but not the slightest indication of injury. In the interior of the bladder was found a part of a calculus, the form of which indicated that half had been removed. Besides this there were two or three extremely small fragments, none of them larger than a hemp-seed. This half calculus weighed about three-quarters of an ounce, and measured 1¼ by 1 5-16 of an inch. There was no disease of the heart nor of any other organ, excepting of the kidneys. The brain and its membranes were in a perfectly natural state. The blood was generally liquid, and contained only a very few small clots. No trace of obstruction by coagula could be found either in the venous system, in the heart, or in the pulmonary artery. Death took place by failure of the circulation, and was attributed to the general constitutional state of the patient. The disease of the kidneys—of which this state was the expression—was of such a nature, and so advanced, that it would in any case have shortly determined a fatal result." Signed by all present. J. BURDON SANDERSON, M. D., DR. CONNEAU, DR. LE BARON CORVISART, HENRY THOMPSON, J. T. CLOVER, JOHN FOSTER.

SIR WILLIAM GULL'S OPINION.

Sir William Gull left Camden Place as soon as the autopsy was over, and was not present at the careful consideration and discussion of the facts which ensued by the other medical men assembled. He records a separate opinion on one point only, viz., the orgin of the calculus, in the following terms: "I desire to express the opinion that the phosphate of lime calculus, which formed the nucleus of the mass, was the result of the prior cystitis (catarrhus vesicæ), and not the cause of it. This nucleus was of uncertain duration, and may even have been more recent than supposed in the appended report. However this may be, it was encrusted by two distinct and recent formations of crystalline phosphate. The inner incrustation around the amorphous phosphate of lime was dense and separated from the outer incrustation by a lesser cellular but crystalline deposit of triple phosphate. It seems to my judgment more in accordance with clinical experience to regard the cystitis as the prior lesion, and that this, by extension, as is common in such cases, affected subsequently the ureters and pelvis of the kidneys. No doubt, in the later stages of the malady, the calculus, by its formation and increase, was an augmenting cause of the lesions. The other facts and statements I entirely endorse."

News Items.

IOWA is the fifth State to legalize dissection.

EIGHTY THOUSAND people died of cholera last year in Russia.

A COLLEGE OF PHARMACY has been organized at Nashville, Tenn.

PROF. E. C. FRANKLIN, of St. Louis, reports a case of ovarian tumor cured by electricity.

DR. AUSTIN FLINT is the new President of the New York Academy of Medicine.

THE POPPY CULTIVATION for the production of opium, in Tennessee, has proved successful, the plants being superior to the foreign grown.

DR. TREITZ, Professor of Anatomy in the University of Prague, has committed suicide by means of cyanide of potassium.

HOLLOWAY, of "patent pill" notoriety, is about to build in England an insane asylum at a cost of nearly £100,000 ($500,000).

THE NEW ENGLAND FEMALE MEDICAL COLLEGE of Boston has been made a branch of Harvard University.

THE EMPRESS OF AUSTRIA has offered a prize of 100 florins to anybody that saves a human life in Austria or Hungary.

DRS. FORDYCE BARKER AND T. GAILLARD THOMAS have been elected honorary Fellows of the Obstetrical Society of London.

THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS will hold its next meeting in New York in 1876.

SOUTHERN OHIO LUNATIC ASYLUM.—Dr. S. J. L. Miller, of Cincinnati, has been appointed Superintendent of this Asylum.

WOMEN STUDENTS.—Out of 400 students attending the University of Zurich, 80 are ladies. Most of them are medical students, and a majority of them from Russia.

INSANE ASYLUM OF CALIFORNIA.—The Commissioners appointed to select a site for the new Insane Asylum for 500 patients, have selected the vicinity of Napa City.

INSANE ASYLUM, WARD'S ISLAND.—Dr. Halleck was lately appointed Chief Physician of this Asylum, with instructions to examine its condition, and report the changes necessary for its efficient management.

DR. DAREMBERG, Professor of Medical History at the Faculty of Paris, recently died, aged 55 years. He was the author of *Histoire des Sciences Medicales*, also of many medical treatises, and translator of the works of Hippocrates, Oribasus, and Galen.

THE ST. LOUIS ACADEMY OF HOMŒOPATHY was organized on the 25th of October last, with the following officers: R. A. Phelan, M. D., *President;* C. H. Niebelung, M. D., *Vice-President;* F. R. Moore, M. D., *Treasurer;* J. M. Kershaw, M. D., *Secretary.* Meetings are held monthly.

LARGE FEES.—Dr. Pitha, of Vienna, has received a fee of 100,000 florins ($50,000) on the recovery of young Baron Todesco, only son of a millionaire. Mahomet Ali-Bey, an Arab surgeon, who cured the mother of the Khedive of Egypt, of a serious malady, has received a fee of $5,000 from his patient, and has been raised to the rank of Pacha.

THE PHILADELPHIA JEWISH HOSPITAL has been open two years, and has received subscriptions to its building fund of over $48,000. Seventy-four patients were treated last year.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—The eighth annual session will be held at Harrisburg, February 5th and 6th, 1873. Dr. B. W. James, the president, will deliver the opening address, and Dr. Thomas Moore, of Germantown, the annual address. The secretaries of the society are Dr. M. M. Walker, of Germantown, and Dr. P. Dudley, No. 684 12th street, Philadelphia.

UNIVERSITY OF NEW YORK—MEDICAL DEPARTMENT.—A meeting of the medical graduates of the University was recently held to discuss measures for elevating the standard of medical education in this institution. A committee was appointed to prepare a plan for establishing an endowment fund, thus rendering the medical (like the undergraduate) department independent of students' fees.

NATIONAL MEDICAL LIBRARY.—The Surgeon-General of the United States is desirous to add to the Medical Department of the National Library copies of American Homœopathic publications. *The Hahnemannian Monthly* publishes a list in its last number (January) of homœopathic journals wanted to complete sets. Dr. R. I. McClatchey, 918 North Tenth street, Philadelphia, will receive any donations for the library, or purchase such publications as are deemed suitable.

ALBANY UNION UNIVERSITY.—The Albany Law School, Dudley Observatory, Albany Medical College and Union College, have lately been united under the above title, each institution, however, retaining its corporate name intact, the lectures being delivered in Albany. The inaugural exercises of the new University and the thirty-fifth annual commencement of the Albany Medical College took place on the 23d December. Dr. Potter, the President of Union College, is spoken of as Chancellor of the new University.

HOMŒOPATHY IN JAMAICA.—The Governor of Jamaica, West Indies, has discovered that a Cuban patient, suffering from small-pox, and under the care of a Cuban Homœopathic physician, was recently taken, by authority of a local law, from the homœopathist, by a local practitioner, and that the patient died. The Cuban refugees, therefore, afraid of similar interference on the part of the local practitioners, concealed their cases of sickness, and the Government have since discovered, on investigation, that of six cases which were thus concealed and treated by Cuban practitioners, all recovered. A bill is therefore to be introduced abolishing the present medical monopoly.

WESTERN HOMŒOPATHIC DISPENSARY.—The reports of the House and Visiting Physicians to the trustees of this institution at their last annual meeting, in January, 1873, exhibits in a very gratifying light the prosperity of the Dispensary and the amount of work accomplished. 17,338 patients were treated during the last year, and of these 2,423 were visited at their homes, showing an increase of 1,324 over the number treated the previous year. The Department of Diseases of the Eye, Ear and Throat, established last year, under the care of Dr. W. N. Guernsey and his assistants, has proved a signal success, administering to a pressing want and affording an excellent field for clinical instruction. Dr. Rickaby, the visiting physician, to whom this institution is indebted for most active work in its behalf, made 5,190 visits to the out-patients of the Dispensary. We learn from Dr. Deyo, the house physician, that an examination of the total expenses of the institution shows that the average cost of treating the patients was 17 cents apiece. This is one basis for the claim of the trustees, viz: that the Western Homœopathic Dispensary is the most efficient organization of its kind in existence.

NEW JOURNALS.—*Il Galvani* is the title of a new monthly journal to be published at Urbino, Italy, this year, to be specially devoted to electro-therapeutics

— *The Central New York Medical Journal.*—Dr. Ely Van de Warker, of Syracuse, proposes to issue a new monthly under this title, to be the official organ of the Medical Association of Central New York.

— *The Archives of Scientific and Practical Medicine*, is the title of a new monthly journal just issued —Drs. Brown-Séquard and E. C. Seguin are the editors, and Lippincott publishes it at $4.00 per year—"purely controversial, and editorial articles, proceedings of societies and news, will be altogether excluded."

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The twenty-second annual meeting of the Society will be held in Agricultural Hall, corner of State and Lodge streets, Albany, Tuesday and Wednesday, February 11th and 12th, 1873.

First Day.—The morning session of the first day will commence at 10 o'clock. During this session honorary and permanent members will be elected; the business, nominating and other committees will be appointed, and the report of the Treasurer will be presented.

The afternoon session will be occupied in the presentation and reading of such portions of the reports from the several bureaus as the Business Committee may designate.

The annual address will be delivered in the Assembly Chamber, at 8 o'clock in the evening, by J. W. Dowling, M. D., of New York.

At the conclusion of the address, the members will adjourn to Congress Hall, where a collation will be tendered them by the members of the Medical Society of Albany County.

Second Day.—The Wednesday morning session will commence at 9 o'clock. The first business will be the election of officers; after which, and during the remainder of the day, the time will be devoted to the presentation of reports by the Bureaus, and the discussion of such subjects as may be recommended by the Business Committee.

It is very desirable that the profession from all parts of the State be represented at this the annual meeting of the Society. It is especially important that delegates from all the County Medical Societies be in attendance to represent their local interests, and to present a report communicating the results of their experience in the treatment of prevailing diseases, trials of new remedies, histories of epidemics which may have been prevalent in their respective localities during the past season, reports of provings, and papers on any subject relating to medical science.

Original Articles.

PETROLEUM—ITS ORIGIN AND RELATION TO MEDICINE.

By Robert A. Chesebrough.

No. II.

It is remarkable, that notwithstanding the fact that petroleum has been used as a medicine for centuries, that so little attention has been given by the medical profession to its curative properties, their value and extent, and to the elements on which these properties depend. That they undoubtedly exist, is proven by the fact that savage, as well as civilized nations, testify to their value; and if the axiom that "time proves all things" can be admitted here, petroleum as a medicine has stood the test of ages and is therefore, on its antiquity alone, well worthy of a prominent place in modern pharmacy. It is doubtful if any substance now in use by the profession can show as old a title. The Persian fire worshippers, the Ghebers of Bakoo, while using it in their religious rites, on their blazing altars and in their funeral-piles, also use it medicinally. The Egyptians used it in embalming the dead, and as an arrester of animal and vegetable decay; and from it was also made the Greek fire of ancient warfare. In India it has been used for centuries as a liniment for cutaneous disorders, and for preserving timber from the ravages of insects. In this country, the first knowledge of petroleum was derived from the Indians, who highly prized it for its medicinal properties, as also for its use as a component of war paint with which they ornamented their faces and bodies. It was then known as "Seneka," or Seneca oil, an appellation yet preserved.

More recently it has been considerably employed in medicine as a sudorific and antispasmodic, and as a remedy for tape-worm. Externally, it has been used for cutaneous disorders, rheumatism, affections of the joints, chilblains, etc. At best, however, its use has been extremely limited, especially by the regular physician, owing probably to the indefinite and irregular results obtained, and a want of general information regarding it, its preparation, the kind of oil to use out of the several varieties, and also, on what its curative properties are based. We shall endeavor to answer these queries briefly, and to give the physicians such limited knowledge as we possess; and if it shall serve to ameliorate in the least degree, the cause of suffering humanity, we shall feel well repaid. It should be understood that the writer of this article is not a physician, or a student of medicine, and that even his knowledge of it as a science, is entirely casual and superficial

We have already stated that petroleum is composed of hydrogen and carbon, and assuming our hypothesis of its origin to be the true one, we may also assume that, as formed, it is colorless and free from organic matter. The organic matter it contains is due to the impurities with which it has been mixed and contaminated in its passage upward toward the surface of the earth, and its color may be due to these impurities. In a measure, this may be proven by the fact that occasionally petroleum is found almost free from color—of a yellowish tinge—instead of the deep greenish black color which it ordinarily presents. Again, in some places it is found impregnated with a suffocating, sulphurous, arsenical odor, and in other places, quite free from any disagreeable odor whatever. It is natural to suppose that these variations of color, odor, and impurity are attributable to the character of the strata through which it passes.

It will therefore at once be admitted that the inherent curative properties of the substance may readily be neutralized by organic impurities; and consequently, it is important to know what oil is most free from them, and how they should be eliminated where they exist. We find that petroleum has, so far, been used medicinally, almost altogether in its crude state, the ordinary known process of refining—viz., by distillation and chemical treatment—appearing to destroy its curative properties. In the crude natural state it is offensive as a liniment, and exceedingly so if prescribed for use internally. By a process recently discovered, petroleum has been brought to such a condition that its full curative powers are preserved, the objections to its use removed, and the physician enabled to carefully test its effects with satisfaction. This process is briefly as follows: The crude oil is highly concentrated, the bulk of the hydrogen being driven off by simple heat without distillation; the product is then carefully and repeatedly filtered through bone-black, or animal charcoal, and the result is a pearly white substance of the consistency of butter, which is free from all odor and chemically pure.

Experiments of considerable extent have not only demonstrated conclusively the high value of the substance (so prepared) for medicinal use, but they have led to conclusions as to on which element constituting the petroleum we must depend for the cure. We unhesitatingly assert that it is principally upon the carbon contained in it. The antiseptic properties of carbon are well understood, and its power of arresting decay acknowledged; and we claim that to this petroleum principally owes its chief value as a medicine. We know that it is destructive of insect life, and may reasonably conclude it is also so of epiphytes and fungus germs. If, as science would now seem to indicate, acute epidemic and miasmatic disorders are attributable to microscopic fungi which are absorbed into and prey upon the human system, and which theory (we may be excused for saying) seems to us to offer the only lucid and comprehensible explanation of epidemic and contagious diseases, the concentrated antiseptic carbon of petroleum may yet offer to the world a barrier against the attack of these diseases and prove an incalculable boon to humanity.

If our premises are correct, viz., that the virtue of the petroleum as a medicine is in its carbon, then it follows that independently of the organic impurities which may neutralize its value, it would also be erroneous to administer petroleum of a density which contains an excess of hydrogen. And yet we opine that in three cases out of four, the light density oil has been used, simply because it was supposed to do the work, was petroleum, and could be purchased at one-third the price by the apothecary. It will be well to state here that when crude oil is used either as a liniment or internally, the best and most effective is that which comes principally from West Virginia, of a gravity of about 30°, Beaume's hydrometer, discarding the Pennsylvania oil, and absolutely rejecting the Canada crude as almost poisonous, on account of its dangerous im-

purities. We are not prepared to say to what extent crude petroleum may be administered internally without injurious effect, nor can we find in the books, that it has been so given in large doses: but from experiments with the filtered concentrated oil, we do not hesitate to pronounce it in the highest degree innoxious. A lady, suffering acutely from asthma, induced by water on the lungs, preceding and after labor, took inwardly, some sixteen ounces during four days without experiencing the least ill effects. In fact it appeared to be the only thing which would afford relief; and at the end of this period the asthma had entirely subsided.

It has been used with exceedingly satisfactory results in croup, sore throat, coughs, and even consumption, the relief being prompt and permanent. As a liniment for sores, ulcers, cutaneous affections, rheumatism, piles and catarrh, the testimony as to its value is voluminous. The immediate relief it will afford to burns or scalds is surprising; and as an emollient its properties are much superior to glycerine The above described process of preparing petroleum for medicinal use accomplishes two important things. First, by concentrating it, the excess of hydrogen is driven off, which appears to be a detriment; and second, what remains is deprived by the filtration of all impurities and color, and restored to what we believe to have been its original condition as formed in the earth.

All organic coloring matter acts as an acid base, and this is essentially true of petroleum, and the fact that the filtration attacks and removes the color, leaving the petroleum neutral, is a proof that the coloring matter is foreign to the substance itself and not a component part of it. The process of filtration used is almost identical with that in use for refining sugar—we state this simply to show its entirely unobjectionable character.

Experiments are now in progress to accurately determine the value of this substance as a medicine, and the results obtained will be given to the world by those better able to judge of its merits than the writer of this article. We predict, however, that ere long the pharmacopœia will enter upon its honored annals a new name, and one destined to sustain a high and worthy place in medical estimation.

Remarks by the Editors.

Petroleum has long been used by the Allopathic school, but in a purely empirical manner. We have in our materia medica quite an extensive proving of it, and it is recommended by Hahnemann in various forms of chronic diseases. Its disagreeable odor and the uncertainty of its action has, however, to a very great extent, excluded it from general practice. Mr. Chesebrough explains the cause of its disagreeable odor, and the uncertainty of its action. As now prepared in its concentrated form, it is without odor and almost tasteless. We have used it in bronchial and laryngeal irritations, in various forms of eruptive troubles, and as an external application in arthritic swellings with very decided success. We have also used it locally in vaginal, nasal and aural catarrh, where the discharge was offensive, and also where there was great weakness of the parts. We sent a quantity of the petroleum, to which has been also given the names of *Vasoline* and *Cosmoline*, to Dr. J. Titus Deyo, the very excellent house physician of the Western Homœopathic Dispensary, and he has given us the following results of his experiments:

"The first application was made with this remedy in recent pharyngial, laryngeal and bronchial affections of a catarrhal character. As near as I could judge, I prescribed the *Vasoline* in doses of grs. III-V, repeated every three (3) hours. With two or three exceptions, it was productive of relief in much less time than the ordinary remedies given in these several troubles. It seemed to remove promptly that peculiarly distressing, raw, sore condition which is always present in these affections. It likewise relieved the cough which is excited by the irritation and tickling sensation in the larynx, which calls ordinarily for Kali Bich. I also tried it in similar cases of longer standing, but did not meet with such satisfactory results as aforesaid.

"In several of these cases I purposely gave very large and frequently repeated doses, for the express purpose of obtaining a clinical proving of the *Vasoline*, in addition to the good effect which I expected to gain from the administration of the remedy. Without a single exception, these several cases reported to me improvement in the condition of their throats and cough, but considerable gastric derangement of the following character: slight nausea; sour or bitter eructations—spasmodic; some flatulency; and in two cases, several slimy dysenteric evacuations of the bowels, accompanied with severe, sharp, cutting abdominal pains. There was also a largely increased secretion of urine, necessitating the frequent emptying of the bladder. I inquired particularly for a cause for these conditions, but could assign but one, viz: the *Vasoline*.

"Acting on these data I prescribed it in two cases of chronic gastric catarrh, but found that even when given in very small doses it tended rather to aggravate than mitigate the difficulty. I have not the least doubt but that it will be found to be a valuable remedy in gastric troubles of a sub-acute character. I likewise prescribed it in several cases of herpes and eczema, both internally and externally used, but must frankly admit that, although the results obtained were tolerably satisfactory, still the ordinary treatment for this class of ailments seems preferable to me.

"In chronic arthritic rheumatism I have employed it with most excellent results, used externally only.

"For the following two diseases I look upon the *Vasoline* as being almost a specific: 1st, Chilblains. Used locally only, it has not only promptly relieved the very distressing itching, and burning sensation, but there has been no return of same since; having been afflicted with chilblains myself, and having used this remedy, I can speak thus positively of its efficacy.

"2d, Gleet, that most annoying and troublesome disease which the profession are so often called on to treat. Five cases of gleet were healed with the *Vasoline*, prescribing it both internally and locally—internally in quite appreciable doses, say grs. V-X, three (3) or four (4) times a day; and for the local application, I recommended the patient to procure an ordinary sized bougie, or in lieu thereof a goose-quill, besmear it with the *Vasoline*, introduce into the urethra, and allow it to remain for a few minutes for absorption; repeating this operation four or five times a day.

"The effect produced by this treatment was more marked than from any I have hitherto employed.

In three (3) of the cases it effected a radical cure; in the other two (2) the result was not so good, by reason of the mode of life of the patients, and habits acting adversely to a cure.

"In the local treatment of both acute and chronic vaginal catarrh, I have likewise had good effects. I look upon petroleum, in its various forms, as specially adapted to the treatment of catarrhal diseases wherever manifested."

Dr. MacFarland, of Philadelphia, under the name Cosmoline, gives the following report:

"A portion of the Clarified was rubbed up with Sugar of Milk, and given as a proving to a variety of persons—using the Third Decimal trituration—with the following results:

"In all cases, speaking generally, the appetite failed. There was a feeling of uneasiness and distress about the epigastrium; eructations, mouth filled with sour water, and bowels disposed to be loose. Several of the persons had diarrhœa (watery and offensive) on the second or third day; great indifference and weariness; urination was free (profuse) and frequent.

"The skin symptoms in all the cases were alike—great apparent dryness of the skin and itchiness everywhere, with a constant disposition to scratch one's self. In two cases the skin became dry and scurfy, in irregular patches or blotches, which were very itchy. The skin, on being scratched slightly, would rise in welts or blotches.

"In regard to the curative effects of it, I may say that I have cut short two cases Herpes Zoster, of a very violent character. The eruption disappeared in both cases within ten days.

"At the Clinic of the Hahnemann College, and before the class, Cosmoline has been used with wonderfully curative effect in the different varieties of eczema. As far as I know, it is the most reliable remedy we have in that obstinate disease—Petroleum, highly potentized, acting in a similar manner.

"The local application of Cosmoline removes the stinging, burning and itching of eczema."

Of the same substance, George S. Norton, M. D., Resident Surgeon of the New York Ophthalmic Hospital, speaks as follows:

"Cosmoline has proved very valuable to me as an external application in some diseases of the eye and ear—especially in chronic catarrh of the middle ear, when the membrana tympani is thick, firm and depressed, by dropping in a small quantity of the pure Cosmoline once a day. It seems to soften the membrane and cause it to take on a more healthy action. In addition to this I use the indicated internal remedies.

"I have also used it with benefit in chronic cases of ciliary blepharitis; it softens the crusts which accumulate, and is a soothing application to the lids, removing, often, the disagreeable burning and itching which accompanies this trouble."

We are convinced that Petroleum, as now prepared, possesses rare medicinal properties, and offers a rich field for the investigation of our physicians. Those who wish to test its curative properties, either in dispensary, hospital, or private practice, can obtain a supply, free of charge, by applying to the publisher of this journal.

THE MONTPELLIER MEDICAL SCHOOLS have been closed by order of the French Government. No reason is given for this step.

THE TRANSFUSION OF BLOOD.

BY JOHN C. MINOR, M. D.

THE transfusion of blood is a subject whose literature is confined almost exclusively to the monographs of German or French authors. In the best and latest works on surgery, the subject, if mentioned at all, is dismissed with such short notice as to amount to a practical omission, while other topics of lesser importance are treated with exhaustive fullness. It is not my present intention to make an attempt to supply this deficiency in our medical literature, but merely to indicate some of the grounds on which the transfusion of blood merits a more thorough appreciation at the hands of the profession than it has yet received. Erichsen, in his admirable work on the Science and Art of Surgery, mentions the subject in the following terms: "If death appear imminent from the effects of the hemorrhage, as happens in some cases of flooding, transfusion of blood may be had recourse to; the influence of which, in restoring the failing powers of the heart and nervous system, is immediate and most striking, and has been unquestionably determined by the observations of Dr. Blundell and other obstetricians." This extract, it appears to me, represents the general impression of the profession very fairly upon this point. Now, the question may reasonably be asked, whether transfusion is to be used only in cases of hemorrhage? If it be true that its influence in restoring the failing powers of the heart and nervous system is immediate and most striking, may we not class it among the most powerful of stimulants, and use it as such whenever a powerful stimulant may save life? There seems to be, already, sufficient clinical evidence to warrant an affirmative answer

It often seems that but little is required to save a life. The turn of a crisis is a question of a few hours, and if we only possessed the means of bridging over the fearful depression—if we could reach with our remedies the nervous and vital centres, we might possibly land our patient on the life side of his crisis. But in these cases we are generally powerless. The system fails to respond to the action of ordinary remedies. The gates are shut and the battle is to be waged for life or death without any interference on our part. The brain is apparently inert, so that moral or mental influence for good is impossible; the functions of absorption and assimilation are stopped, so that nourishment and stimulants cannot be appropriated by the system. The life of the patient is to be decided by the strength of his constitution, by his vital force, or by whatever you choose to call that subtle power that fights for life. Now, what is usually done in such a crisis? We put hot bottles to the feet of the patient because the circulation is depressed and his extremities cold. We apply friction for the same purpose. We try to stimulate him with brandy, quinine, or carbonate of ammonia; or, trusting to the homœopathic treatment, we administer Arsenicum, Veratrum, Camphor, or whatever may be indicated. We come pretty soon to the end of our resources. The patient begins to sink; there is coma; a cold perspiration on the hands and forehead, a thready pulse, growing weaker every moment till it can scarcely be perceived at the wrist. So far as anything is to be hoped for from ordinary practice, the patient is dead.

I have given, in outline, a case which may be one of collapse from hemorrhage; it may be a case of typhoid fever, of cholera, of septicæmia, of surgical shock, of anything you please, for almost all diseases present similar aspects in their later stages when death impends. In this extremity we have but one resource left, and that is in the transfusion of blood. When we recollect that it is in just such desperate cases that transfusion has been used, and that whatever success has attended it, has been won in the face of greater odds than were ever brought against any other remedy, we must acknowledge, that under these adverse circumstances, a success for transfusion greater than that attending the operation for strangulated hernia or stone in the bladder, and equalling the average of amputations, demands a careful consideration at our hands. The general impression, that the transfusion of blood is a most rational and efficacious remedy against the consequences of profuse hemorrhage is correct, but when our estimate of the operation is confined to its action in this comparatively narrow field, it is certain that we fail in a true appreciation of the clinical facts, and of the actual demonstration of its efficacy in other conditions and diseases. It has proved successful in all kinds of hemorrhages, primary and secondary, after operations, in those in connection with placenta prævia, abortion and miscarriages, whether the hemorrhage was ante partum or post partum; in hæmoptysis in phthisical patients, and in uterine and nasal hemorrhages dependent upon the presence of tumors. These cases have been too easily explained—a certain amount of blood is lost, and collapse occurs, we introduce fresh blood into the circulation, restore the balance, and save the patient. This explanation is, however, incorrect, since it implies a purely mechanical action for the operation. If transfusion is simply a mechanical substitution of a certain quantity of fresh blood, in order to compensate for an equal loss of that fluid, we should not only require a pound-for-pound arrangement, a supply exactly corresponding with the loss, but we should inevitably fail in every case of hemorrhage, except in those where the bleeding vessels could be ligated. Unless there is more than a mechanical action in the operation, there would be no stimulus to the contraction of the blood vessels, and we should be pouring in blood at the point of operation, only to have it escape again at the point of hemorrhage. We find, however, that the vessels do contract; that the muscles recover their power; that patients are roused from the deepest coma; that color returns to the lips, and warmth to the body; the heart's action becomes stronger; the eyes brighten and intelligence returns, and all this wonderful transition from apparent death to life, this resurrection of a patient *in articulo mortis*, occurs from the transfusion of an amount of blood that is perhaps not one-tenth as large as the amount lost by the hemorrhage. A purely mechanical action will not explain this effect. We must acknowledge that it is a stimulant more powerful and certain in its action than any other, and that the history of its success in cases of hemorrhage alone furnishes us with evidence sufficient to warrant the conclusion that it would be efficient as a stimulant in other conditions. But we are not left to barren conclusions in the matter, for their correctness has been already proved. In anæmia and chlorosis, in puerperal convulsions, in septicæmia and hospital gangrene, in asphyxia from poisonous gases, in the extreme exhaustion following continued dyspepsia, in scurvy, epilepsy and cholera, it has proved curative. The list is, to be sure, a comparatively small one as yet, but it would unquestionably have been much larger had the profession generally recognized the fact that transfusion was applicable to other cases than hemorrhages. However brief the data may be, one fact stands prominent and affords the strongest possible evidence of the utility of resorting to the operation even in doubtful cases, namely: that, with hardly an exception, every life saved by transfusion has been utterly beyond the reach of other help. A large proportion of the patients were in a state of the most profound coma when the operation was performed. In one case the patient was not only comatose, but the pulse in the carotids had ceased for two hours and a-half before transfusion was resorted to and her life saved. In many cases that have been classed among the failures, the operation was performed on patients who were already dead.

It is acknowledged, then, that transfusion may be reasonably and efficaciously used in cases of hemorrhage. Is it not equally reasonable to use it in cases of blood poisoning? Take, for instance, a case of uræmic convulsions. The blood is loaded with poisonous matter which the kidneys should have eliminated, but those organs are unable to perform their proper functions, and hence we have this toxic material accumulating till it overpowers the system and produces the uræmic convulsions, which, in a large majority of cases, terminate in death. The condition of the kidneys which leads to uræmic convulsions is one that may perhaps be successfully treated, but when the convulsions once occur, there is no opportunity for such treatment, for the system fails to respond to the action of remedies, and the patient will probably die in the convulsions. Would it not be reasonable to let out some of this poisoned blood and supply its place with healthy blood? (I know of but one recorded case among the French or German authors, where transfusion was used in puerperal eclampsia. The operation was performed with perfect success, by Dr. L. von Belina, and is reported in his monograph "*Die Transfusion des Blutes*," *page* 21.) Now, it is perhaps true that we do not attack the real source of the trouble in this case, and, that after transfusion has dissipated the convulsions, the kidneys may still be unable to eliminate the excess of urea, and consequently, the convulsions may return again and destroy the patient. But we have at least gained time by the operation, so that there is a chance to use other remedies. In anæmia we have a condition which has been frequently cured, when the patient appeared to be beyond all hope, by means of this operation. There is no loss of blood to repair, nor poisoned blood to replace, how, then, can transfusion benefit the anæmic patient? Because, with every drop of good blood that we introduce into the circulation of the anæmic patient, we inoculate his watery blood with a thousand globules which reproduce themselves, and by their multiplication restore the proper balance between the solid and fluid constituents of the blood. On this ground, Polli (*Gazette des Hôpitaux*, 1854, page 6) has advised the performance of transfusion in scrofulous subjects. We have in blood, then, certain vital properties that enter

largely into the action of this operation; in particular we know the blood globules to possess the power of reproducing themselves, and this power is not confined to the white globules merely, but is exerted by the red globules as well. The more recent investigations of the German pathologists have revealed the fact that the microscopical appearance of the blood in patients affected with syphilis, scrofula, tuberculosis, and some other diseases, is as different from healthy blood as the external appearance of such patients is different from that of persons in sound health. These differences in the blood are in relation to the size, shape and physiological function of the globules. As the diseased condition improves under treatment, the blood globules approach nearer the healthy standard; as the disease progresses in the opposite direction, the characteristic appearances of the blood globules become more marked. It is an open question whether the blood itself is not the true field of the primary action of many of these diseases; whether, in fact, what we call the disease may not be merely the local symptom, the direct result, of a peculiar shape, size, or conditional action of the blood globules. In connection with this view, we must also take into account the results of other investigations which show the presence of fungoid growths and various forms of animalculæ in the blood in certain diseases, and that in others there are chemical changes sufficient to account for the abnormal condition. We may claim, then, that in many diseases, and especially in those called "zymotic," the greatest weight of scientific testimony locates the exciting and continuing causes in the blood.

These facts are not without their practical bearings. The nearer we approach the first causes of disease, the more successfully can we combat it. The treatment of the bites of venomous serpents by injecting a strong solution of ammonia into a vein, is an instance in point. The poison of the Cobra da Capello is, probably, the most virulent of all the Indian serpents. It produces a profound nervous depression, and rapid decomposition of the blood. So long as the efforts of physicians were directed to stimulating the nervous system, and attempting to get rid of the poison by the slow process of elimination, the mortality was fearful. But when the poisoned blood was recognized as the cause of the nervous depression, and it was found that the poison could be neutralized by strong ammonia, the introduction of this agent directly into the circulation brought the disease and its remedy face to face, as it were, and the result has been a signal success.

In septicæmia we have an acute disease due to the absorption of various putrid substances into the blood, and pyæmia is supposed to be due to similar causes. Albanese, of Palermo, has reported three cases (*Gazetta Clinica*, &c., Palermo, Giugno, 1869) of pyæmia which he treated by the transfusion of blood. It failed to relieve one case; the second case was materially benefited but finally died of the disease; the third case recovered completely. No other treatment of pyæmia can show so good a result. In a recent case of hospital gangrene following an amputation, where the symptoms, as recorded, show that there was septicæmia, transfusion was performed, the patient being in a comatose condition. The operation was followed by immediate improvement in a very marked degree, but eventually the same condition returned and the patient died two weeks after the operation. It is, perhaps, unwise to venture an explanation of the action of transfusion in these and similar cases. It seems probable that this operation, like many other remedial measures, must first win its position by practical demonstrations, in advance of the investigations that will, in time, explain its action. But it cannot be doubted that there is already sufficient ground to base a rational explanation of its application to diseases of widely-varying character. We know that the blood-vessels absorb fluids from the intestines more rapidly and abundantly than even the lacteals, and that in consequence of this power of absorption the blood becomes rich in saccharine and albuminous matters. The fatty substances are taken up by the lacteals and discharged as chyle through the thoracic duct into the subclavian vein. The blood is, therefore, a nutritious fluid, and it is probable that in some cases—such as anæmia, scurvy, emaciation from prolonged suppuration, or from persistent vomiting—some of the good effects of transfusion have been due to this highly nutritive character of the blood. I have already mentioned the vital properties of the blood globules, by which they reproduce and multiply themselves, so that the proper balance between the solid and fluid constituents of the blood is restored as in cases of anæmia and chlorosis. There is, besides, the property possessed by the red globules, of carrying oxygen and imparting it to the tissues. The respiration of the muscles is the same in effect as the respiration of the lungs. They absorb oxygen and produce carbonic acid gas, and the supply of oxygen comes directly from the red globules. The contractility of the muscles depends mainly upon their supply of oxygen, and hence we have a clue to the stimulant action of transfused blood. We have, therefore, three important properties in blood, which are all important when we consider its action after transfusion. 1st, its stimulant action; 2nd, its vital or reproductive property; 3rd, its nutritive quality. With an intelligent appreciation of these qualities in the agent used, we may, on purely theoretical grounds, find it harder to describe conditions in which the operation should not be performed, than to specify those in which it should be tried. To my mind, the presence of organic disease would be no bar to the operation, from the simple fact that I believe all diseases are organic, and that the reason why we call some diseases "functional," is because we have not yet investigated them sufficiently. Unless the diseased condition is accompanied with hyperæmia, as in some forms of cerebral apoplexy; unless it is the result of a mechanical cause, as in the coma produced by the compression of the brain by bone, pus, or extravasated blood; unless there is such extensive destruction or alteration of the internal organs as to make recovery a physical impossibility, as in aneurisms of the larger arteries, in some valvular lesions and in fatty degeneration of the heart, in perforating ulcers of the intestines, &c.; unless such conditions as these prevail, I can see no reasonable objection to the transfusion of blood in cases where death seems imminent, no matter what the disease may be. Take an example of organic disease of the most marked kind; let it be, for instance, a case of pneumonia. Recovery is possible in any stage of this disease. Even in the fatal cases we invariably find, on making a post-mortem, that nature has begun to repair the dis-

eased condition, that some portion of the lung tissue, and generally a considerable portion of it, is in the stage of resolution. What interrupted this process of resolution and why did it not progress to a full recovery when, perhaps, another patient suffering from the same disease to even a greater degree was restored to health? "Deficient vitality," "a poor constitution," "a lack of recuperative power" are convenient expressions, and true enough, but they do not give a satisfactory reason for the death of the patient. There are mechanical obstructions to the proper performance of the respiratory action of the lungs, but this obstruction is never complete, and there is generally enough action, however impeded it may be, to support life. There is, also, the exhaustion produced by the suppurative process. These two causes combined are, perhaps, sufficient to account for the fatal result in many cases, and it is possible for either one of them to produce death. When we find a critical case of pneumonia, just balancing between life and death, is it unreasonable to suppose that the effect of transfusion may result in the recovery of the patient? The direct and exhaustive drain upon the blood by the suppurative process can be more rationally combated by the introduction of fresh blood than by the indirect and uncertain action of remedies. The oxygenation of the tissues by the red globules will act and react with more power as a general stimulus than any amount of brandy could do. The nutritive quality of the transfused blood will certainly be as effectual in giving strength to the system, as a hearty meal to one who is weak and famished. The actual degeneration of the lung tissue—the fact of the presence of organic disease—is never used as an argument against nourishment or stimulation. How, then, can transfusion be objectionable when it brings the most condensed and active of nutriments, and the most powerful of stimulants, in the exact form in which they can be used for the repair of degenerated tissue and the cure of organic disease? Now, I have selected pneumonia as an example of organic disease, not because I believe it to be one to which the transfusion of blood is peculiarly applicable, but because it is one to which this operation would not, perhaps, be considered as having any relation.

Probably there is not any decided objection on the part of physicians to the operation, even in cases of organic disease; but they regard it as a hazardous operation, requiring especial surgical skill and intricate apparatus. This view is certainly erroneous. There must be a reasonable amount of care and neatness, but not necessarily any great surgical skill or anatomical knowledge. It is an operation which any physician should be able to perform. The requirements are very simple. The only instrument needed, besides those contained in the ordinary pocket case, is a good syringe, holding at least four ounces, and having a nozzle that tapers to a pretty fine point. The syringe will be better for the purpose if the barrel is of glass, so that any bubbles of air can be seen. Whatever its construction, it should be in good order, perfectly clean, and work easily.

The steps of the operation are as follows:

1st. Expose the vein of the patient and open it, the finger of an assistant being placed over the opening to prevent hemorrhage.

2d. Bleed the person who furnishes the blood, into a bowl surrounded with cold water, or else defibrinate the drawn blood and keep it at the normal temperature.

3d. Fill the syringe, expel the air, insert the nozzle into the vein of the patient, and inject slowly.

As to the first step, it makes some difference what vein is selected for injection. The jugular vein is not to be used for that purpose because there would be more danger of admitting air into the circulation than if some vessel on the extremities was selected. Generally one of the veins of the forearm, either the median cephalic, or the median basilic, at the bend of the arm, is used. The internal or external saphenous vein at the ankle is also an eligible point for operation. It is not important, with the exception just given, what vein is selected. Choose the one that can most easily be reached. If a vein of the forearm is decided upon, put a bandage around the arm above the point of operation so that by the compression thus produced the veins may become more prominent and easily distinguished. Make an incision an inch in length alongside of the vein, separate the vessel from the surrounding tissues and pass a double ligature beneath it. If the patient is thin and the veins large and easily reached, this process of dissecting out the vein is not necessary. Seize the vein with forceps, or lift it by means of the ligature, and, with scissors, make a V-shaped opening into it. An assistant's finger should now be placed over the vein and the bandage on the arm loosened to prevent hemorrhage.

The second step of the operation is to bleed the person who is to furnish the blood. He should be placed in a horizontal position so as not to interrupt the proceedings by fainting; and the blood should be drawn in a full stream into a bowl surrounded with cold water of a temperature of 45° to 50° Fahrenheit. The process of bleeding requires no description. The blood should be drawn in a full stream, because it does not coagulate so rapidly as when the flow is slower. It should be drawn into a bowl surrounded by cold water, because the coagulation of the blood is retarded by cold while the vitality of the globules is not impaired thereby. Blood at the normal temperature (92° to 102°) coagulates in about six minutes. At a lower temperature (45° to 50°), it will remain fluid for about half an hour. By defibrinating the blood it loses its power of coagulation. The process of removing the fibrin is very simple. The blood is rapidly stirred or whipped with a clean wisp from a broom brush for two or three minutes, when the fibrin will be adherent to the wisp. The blood is then filtered through a fine piece of muslin into a bowl surrounded with "blood-warm" water. The water must not be too warm, for the albumen may be coagulated by the heat. As to which of these two methods is to be preferred, I believe there is practically no difference, except that by defibrinating the blood, the operator is enabled to proceed more slowly and perhaps, on that account, with greater care than would be the case if he used the pure blood kept fluid by a lower temperature. As to the amount of blood to be drawn, it depends, of course, on what conditions exist in the patient. Probably twelve ounces had better be drawn at once, and provision made for an equal supply from another source if the injection of the first quantity is without effect. As soon as the requisite amount has been obtained, a pledget of lint should be placed over the wound and compression applied by means of a bandage.

Having now obtained the blood, defibrinated and filtered it, the next step is to fill the syringe and inject the blood. If the barrel of the syringe is of glass, it will be easy to detect any air bubbles. If the instrument is of hard rubber, it will be best to act as though there were air bubbles in it and proceed to expel them. This is done by pointing the nozzle of the syringe directly upward. If bubbles are present they will rise to the highest surface of the fluid, which will be just under the tube. The piston should now be gently pressed till all the air has been expelled and the fluid begins to flow without bubbling. The remainder of the operation consists in inserting the point of the syringe into the valvular opening in the vein of the patient, drawing the walls of the vein well over the tube, and securing it in position, if necessary by the ligature, and then injecting slowly. The syringe may be withdrawn and repeatedly filled should its capacity not be sufficient to throw in the requisite amount of blood by one filling. As soon as the operation is over, bind up the arm of the patient as usual after bleeding. This constitutes the operation of transfusion. There are many other ways of performing it, and innumerable instruments have been devised in order to facilitate the operation, but the method given above is as good as any and much the simplest. The dangers of the operation lie in the admission of air into the circulation; in the creation of an embolus or the introduction of a coagulum into the vein; and, lastly, in the production of phlebitis at the point of operation. Either of these three occurrences would, in all probability, be a fatal mishap. The first is avoided by selecting a proper place for operation, by completely expelling all air-bubbles from the syringe before injection, and by drawing the vein well over the nozzle of the syringe. The arteries may be used, instead of the veins, for transfusion, as affording greater safety in this particular, injecting, of course, in the direction of the arterial flow. The second danger, the introduction of a clot into the circulation, is obviated by using defibrinated blood. The third and last danger, phlebitis, may be considered as purely imaginary, at least I have been unable to find a recorded case of such a result from the operation. Practically, there is very little likelihood that any of these dangers will occur, if ordinary care is used. They are possibilities rather than probabilities.

I have not attempted in this paper to give a complete survey of the subject, but merely to indicate some points that will repay investigation; and this is my apology, if apology is needed, for omitting much that is interesting and important.

OZONE BY A NEW PROCESS.—An apparatus for manufacturing Ozone, patented by Dr. Loew, is mentioned in the *Journal of the Franklin Institute.* Sometime since, Dr. Loew observed that cold air, blown through a flame, is in part converted into Ozone, and his apparatus is constructed with a view to turn this observation to practical account. It consists of a number of Bunsen burners set up in a row, with an equal number of horizontal tubes at some distance above the burners. The cold air is blown through the tubes against the flames, and is then collected, in the shape of Ozone, by a number of funnels, placed on the oposite side of the flames. The Ozone is, to some extent, contaminated by Acetylin and Nitrous Acid.—*Pop. Science Monthly.*

Correspondence.

IN the summer of 1871 the writer of the following letter, a gentleman distinguished in art and literature, was advised to visit Minnesota, hoping that under the influence of its dry and bracing climate his life might be prolonged. The change in his health was so decided that, at our request, he has kindly furnished us a report of his case. In the next number of our journal we hope to give an article from a distinguished scientist of Minnesota on the climate of that State and the new territories which are now being opened in the far West:

WINONA, MINN., Feb. 24, 1873.

Dear Dr.:—I wish I could give you a thorough report of the effect of Minnesota climate upon pulmonary disease; but that is impossible, as there are no statistics available that would give anything like an adequate view of the subject. And statistics in such matters will be always, I suppose, to a certain degree, untrustworthy. So many cases come here that are not clearly defined, so many are hidden by the natural tendency to deny an affection of the lungs, so many incipient cases are lost sight of in apparent health among those who take up residence here, and so many invalids make a partial trial of the State, remaining a few weeks or months, and then returning East to die, that the compilation of a fair estimate would be a matter of long observation and patient labor. The larger portion of invalids go to St. Paul and Minneapolis (though they are settled everywhere), and I have not yet visited those cities, having spent a year and a half here in Winona, in the southern part of the State.

A *resumé* of my own experience may, however, be interesting to you, as you know something of my constitution and habit. This will show you the effect of the climate on my own case, which, I think, represents a large proportion of phthisical cases. I will remind you of my condition prior to my departure from New York. Age, 35. Occupation, artist. Have lost two brothers by consumption. Not of strong constitution, and always subject to weakness of stomach and sick headaches. Had been troubled with catarrh and mild bronchitis for a long time, and latterly cough and occasionally bloody sputa. July 7th, 1871, in New York, had a considerable hemorrhage, and within the next three days two more: the last of which was profuse and reduced me to my bed, which I was unable to leave for nearly three weeks. Got out of doors in about a month, and began to gain slowly. Weighed 104, normal weight 125. Left New York September 9th, and journeyed slowly to Minnesota, arriving at Winona on the 20th. At first I felt very languid and coughed badly, but forced myself to be in the open air a great deal. I soon got a sharp appetite, taking long walks and climbing bluffs. Still my breathing was very short, and pulse rapid on such exertion. On horseback I could trot only a few rods for lack of breath. But in October I gained rapidly, though I think I rather over-did my exercise. First November, weighed 120. At this time it was dry and dusty, and I had an irritating dry cough and inflammation of the nasal passages. Very little expectoration. Night-sweats gradually diminishing. Was examined by a physician, who reported some infiltration at the upper part of the left lung and a moderate sized cavity. He thought the disease was

nearly inactive. Improvement continued up to February, 1872, when I made a journey to Faribault, took a severe cold, which finally settled in the bronchi, and gave me expectoration, at first blood-tinged, which lasted through the spring and summer. All through the winter, however, I was active in exercise, riding horseback and walking, and was able to accomplish something in the way of work. My weight fell in February to 115. Had severe catarrh and some bleeding at the nose. The winter was very trying, the changes of temperature excessive. I noted one change of sixty degrees in thirty-one hours. These changes, however, did not embrace any high degree of temperature, their scope being generally below the freezing point. I came out in the spring, notwithstanding my drawbacks, with a good degree of vigor, and no worse, I suppose, in the lungs. I could ride on horseback eight or ten miles without too much fatigue. Appetite became feeble and physical exercise declined as the hot weather came on. In July went to Milwaukee and Chicago, and did some work there. Reached Winona again on the 20th September, 1872, feeling pretty well, but looking poorly and weight reduced to 109. Had careful examination of the lungs, and the doctor reported little change, but what there was, for the better. I immediately began out-door life, with what strength I could muster. Went hunting every day (wild ducks are abundant here), but the gun was dreadful heavy for the first week or so. Change for the better came gradually, indicated by increased weight and diminished expectoration. November 1st, began to take cod-liver oil, and have taken it regularly all winter. I am disinclined to eat fat food, and I think the oil has benefited me very much. Three weeks after beginning it my expectoration had declined one-half, and I have now none worth mentioning. Weight, for the last two months, 119. Health and strength better than at any time in the last three years. Yesterday my physician made a thorough exploration of the chest, and reported me doing "better than ever." The cavity is cicatrized and scarcely discernible. I have some cough in the morning. Can do as much work (provided part of it is in the open air) as I ever could.

It is worth remark, in considering this case, that the two winters passed here have been exceptionally severe, though perhaps not worse than elsewhere. The deaths by freezing recently reported in the western part of the State were mostly resultant of the exposure incident to frontier life. I cannot see that the extreme cold has had any *direct* effect upon my disease, though of course it somewhat limits out-of-door exercise. When my walks have been extended with the mercury below zero, I have worn the wire-gauze respirator you recommended; but I think it should be used as sparingly as possible, as the vapor seems to soften the nasal passages, and render them over-sensitive to cold. There have been but two days this winter when I have felt the necessity of remaining in-doors, and that from wind rather than the degree of temperature. There is possibly some sedative effect from such prolonged cold (my pulse averages but little over 60), and perhaps some depression of spirits and nervous energy.

I think this case shows that Minnesota is the proper climate for a certain class of consumptive invalids. But it should not be forgotten that though I was much reduced (so that my physician was doubtful about my getting up at all), I had, on reaching Minnesota, every advantage. I believe I came at the best possible time—the early fall. It is very hot here in summer, and almost as damp as in New York. The fall is delightful, and there is no rain from November to April. A large proportion of the days are clear and sunny. Further, I have had immunity from business or pecuniary care during my sojourn here. I have had the most careful and cheerful nursing, and I suppose it is patent to the profession that any consumptive patient, however well he may feel, needs watching. I have also had the advantage (which is not an advantage in every case, perhaps) of knowing, from true medical friends, just what I had to contend with from the beginning. Notwithstanding these helps, it seems clear to me that the gain I have made is largely attributable to change of climate. I am of the opinion that had I remained in New York, under the most favorable circumstances, I should soon have sunk. The air here seems to dispose one to exercise, and an immediate and constant effect is felt upon the digestive organs. I have had no sick headache at all, and my stomach seems to have outgrown its weakness. One easily gets an active bodily habit here, and that is so valuable where the digestive organs are feeble. I think there can be no doubt that this is the way the climate acts upon any disease—through improving assimilation.

Confident as I am of the climatic aid I have experienced here, I have no doubt that many consumptives are wrongly advised to come. There are many things to be considered. Among these are the climate of the patient's previous residence, whether he does best in cold or warm weather, whether he can make himself contented remote from the attractions of the East, the condition of the digestive organs, the season when the change is made, etc.; but more particularly, the amount of vitality remaining and the character of the disease, whether acute or chronic. I am hearing now and then of consumptives in various parts of the State, who appear not only to get no good from the change they have made, but to get absolute harm. Of course cases of sudden decline and death are more likely to be published and gain prominence than the many instances of less defined disease, lost sight of in growing health, and there seems to be now a re-acting tendency among resident physicians against the climate as curative of consumption. I think this re-action is temporary, and that it is the result of the influx of patients far advanced in disease or affected with disease of an acute character. These cases, where the course of decay is accelerated, and the patient dies, are sure to be brought to the notice of physicians, while many of the mild cases never come under careful professional observation at all. While physicians are wisely cautious, and qualify their statements carefully, the popular opinion is that the "cures" of the climate are legion. Non-professional advice is properly open to suspicion; but I shall not refrain from saying that if I were a medical man, outside circumstances being favorable, I would certainly send any consumptive patient here, whose disease was of a positive chronic type, and who had still a *reasonable* amount of breathing surface.

In regard to the relative claims of different parts of the State I am not much informed. Not many invalids are sent to this city. Still, there are here

many remarkable cases of arrested disease, and healthy men are often pointed out to me, as having come to Minnesota with consumption. Winona lies in the valley of the Mississippi; and, perhaps, in the summer it would be better for the invalid to go to the high prairie land (600 feet above the river), where it is cooler and, probably, a little dryer. Good accommodations are to be had only in the towns; farmhouses here are mostly barren of all comforts. I like Winona particularly for the dry soil. It is a loose, warm gravel, which takes up the moisture like magic, and makes it always good walking, excepting for a few days in the Spring when the snow melts. I should have mentioned that there is less snow here than in like latitudes of the East, and that it rarely thaws much until Spring.

I might send you many cases of remarkable cures, but I could get the complete history of only few of them; and it is evident that little could be proved without an approximate record of all. Cases have little value, I apprehend, unless they are made up from prolonged professional observation, and very few such are accessible to me. What result a careful sifting down of the great number of instances of alleged cures would give I cannot tell, but I am confident it would be favorable to this climate regarding the class of disease I have indicated. Two interesting cases of tuberculosis are briefly given in the recent report of the State Board of Health. The parties are personally known to me, and their condition confirms the view I have presented to you.

I think I may conclude by suggesting that patients should not allow themselves to be discouraged by the lack of comforts or luxuries sometimes felt in this comparatively new country. There are, I suppose, some conditions of invalidism where there may be too much comfort. Out-door activity seems, to me, the great desideratum, and fresh vitality will soon compensate for any luxuries abandoned. The new-comer may, likely enough, think he is declining, when he is really gaining. Catarrh is very prevalent here, and upon arrival I think a cough is likely to become more troublesome; but if the patient can endure these and has strength to get about, he will soon begin to be prompt at dinner, and feel encouraged. And when disposed to help himself, he will get all the outside encouragement possible. for there are no kinder or more sympathetic people than those here; many of whom have come as invalids, and all of whom are directly or indirectly interested.

C. A.

Scientific Gleanings.

A VERY good liquid glue is obtained by dissolving glue in Nitric Ether. It is more tenacious than that made with hot water, and may be rendered almost damp-proof by introducing a few pieces of Caoutchouc, and letting the solution stand a few days, with frequent stirring. As the Ether will dissolve only a fixed amount of glue, the mixture cannot be made too thick.

TESTING OF URINE FOR BILIARY ACIDS.—M. Strasburg (*Repertoire de Pharmacie*) uses the following method, which seems elegant, safe and easy. 1. A bit of sugar is dissolved in the urine. 2. A bit of filtering paper dipped in the urine and dried. 3. When the paper is dry, one or two drops of Sulphuric Acid are put upon the paper. If the urine contain Biliary Acids, the paper assumes a bright violet color, on being examined with a strong light.

TINCTURE OF THE CHLORIDE OF IRON FOR CORNS.—Dr. C. Barber states (*Lyon Médicale*) that he has cured three cases of corns, on the toes, by the application of a drop of the Tincture of the Chloride of Iron applied to the corns, night and morning. This application was continued for fifteen days in one case, when the corns, from which the patient had suffered thirty or forty years, were entirely destroyed, and pressure upon the part gave not the least uneasiness.—*Med. News.*

FATTY LIVER DURING LACTATION.—As the result of a series of investigations carried on in the physiological laboratory of the College of France, M. Sinéty has found, that in females, during lactation, the liver is always in a fatty condition. The fat is, however, in this state, deposited in the deep-seated portions of the organ, the corpuscles being ranged around the central vein, and extending thence, sometimes to the middle, and, though rarely, to the periphery. This localization of the fat has been found to be more limited in women and in the bitch than in the herbicord; but in all, the fat has been abundant at the centre, and wanting or rare at the periphery. This disposition is precisely the reverse of that which obtains in fatty degeneration or infiltration of the liver, and in artificial fattening, where the process goes on from the periphery towards the centre of the lobule.

JUNIPER TAR SOAP.—The *Druggists' Circular* gives the following, as the formula for "Juniper Tar Soap:" R. Oil of Juniper, fzj; Soft Soap, fzj; Alcohol, fzj. The same journal answers a correspondent who asks if there is any varnish which will protect surgical instruments from rust, as follows: "There is, but we do not recommend it for such a purpose, though it is very useful to protect steel under other circumstances. Here it is: melt common resin, with a little Gallipoli Oil, and Spirits of Turpentine, in proportions adapted to the particular case. The varnish should adhere firmly, should not chip, and yet, be easily removed. We have recently seen a mixture of Carbolic Acid and Olive Oil recommended in an English paper, but Paraffine dissolved in Benzoine is said to be better. We do not think that the simple Mercurial Ointment can be improved upon for delicate instruments.

ON THE GYNÆCOLOGICAL EMPLOYMENT OF TRANSPLANTATION OF SMALL PORTIONS OF SKIN, FOR THE HEALING OF INDOLENT ULCERS.—Dr. Thomas Beigel (*Wien. Med. Presse*, xxii. 23, 1872) records two cases in which he had tried transplantation of skin successfully.

Case I. A woman, aged 38, had a large indolent ulcer of the vagina and posterior lip of the uterus, with profuse secretion. After fruitless efforts at healing it by caustic agents, transplantation of portions from the opposite healthy side of the vagina was tried, the pieces being kept in position by a plug of cotton wool, steeped in glycerine. The ulcer healed over perfectly in six weeks.

Case II. A servant, aged 25, had a large ulcer, two inches in diameter, on the posterior vaginal wall. Various modes of treatment were employed without avail. Transplantation of four pieces of skin from the arm, was resorted to, and the ulcer was perfectly healed over in eight weeks' time.

Case of Extra Uterine Pregnancy (*by Dr. Soyre; Le Mouvement Medicale.*)—The case was seen by M. M. Chautreuil and Suéniot. It was thought, on examination, that she had a fibroid tumor of the uterus, or else that dropsy of the amnion existed. The possibility of the existence of a twin pregnancy was also, for a time at least thought of. The patient was sent to the Hôpital des Cliniques. The diagnosis remained uncertain. For the purpose of relieving the dropsy of the amnion, a stylet was introduced, to perforate the membranes. Perforation of the uterus was the sole result of this operation. The woman died, and it was found at the autopsy—1, that the tumor consisted of the placenta and large clots of blood; 2, that the case was one of extra-uterine (abdominal) pregnancy; 3, that hydramnios really existed. M. M. Chautreuil and Suéniot insisted on the difficulties of the diagnosis. In this case the laminated blood-clots, surrounding the placenta, attached to the posterior surface of the uterus, imparted to the touch the sensation of a fibrous growth. M. Lionville has recently seen a case of extra-uterine pregnancy at the Hotel Dieu, in which, the blood-clots were also quite numerous.

How to Arrest the Development of Boils, Felons, &c.—Dr. Simon, of Lorraine, in the *Scalpel*, of Belgium, declares this method infallible: —As soon as you perceive on any part of the surface the characteristic redness of varying form and size, and with a culminating point in the centre which soon passes from red to white, put in a saucer a thimbleful of camphorated alcohol, dip the palmar surface of the three middle fingers in the liquid and rub the inflamed surface, especially the central portion. Repeat this proceeding eight or ten times, each time occupying about half a minute. Then allow the surface to become quite dry and apply a thin coating of camphorated olive oil. A boil seldom requires more than four such applications, and often a single one is enough to cause it to dry up and disappear. When several applications are needed they should be made at intervals, say morning, midday and evening. The same treatment is equally successful in felons and injuries of the tips of the fingers. As soon as pain and redness are perceived in the finger, it should be soaked for ten minutes in a small glassful of camphorated alcohol, then well dried and afterwards soaked in another glassful of camphorated olive oil. The relief is immediate, and three applications are generally sufficient to effect a cure.

[We hope Dr. S. may have a crop of felons on his own person and try his own remedy, but we advise no one else to depend on it.—J. C. M.]

Importance of Hospital Attendance.—(From Dr. Sewell's Presidential Address at the Canada Medical Association.)—I believe the student cannot too soon commence his attendance at the hospital, and although his medical education may not be sufficiently advanced to enable him to profit by his attendance to its fullest extent, still, if he is observant he will pick up much which will be invaluable to him hereafter, and he will learn much which will render the lectures he will receive later on in the college far more intelligible, and, therefore, far more profitable than they would otherwise be. To the same effect is the language of the great Trousseau. Addressing his class, he says, "Clinical instruction should not be deferred till near the end of the student's curriculum. From the day on which a young man determines to be a physician he ought to attend the hospital. It is essential to *see—to always be seeing*—sick persons. The heterogeneous materials, though amassed without order, are, nevertheless, excellent materials. They may be for the present useless, but at the later time he will find them stored in the treasure-house of his memory." And they will become of incalculable service to him.

Galvano-Acupuncture for Aortic Aneurism.—Professor E. De Renzi reports a case thus treated, and reviews the records of other cases. In his own case the battery used was one of twenty-one elements; the zinc plates four to five centimetres broad, by eight long, immersed about half their length. The index stood at sixty when the circuit was open, at twenty when it was closed. Six needles were inserted, and each pole was attached for five minutes to each needle, so that the whole operation lasted an hour. On the seventh day the man died of rupture of the sac. An autopsy showed no trace of any clot near the points where the needles had entered, but some evidence of inflammation. The conclusions to which Prof. De Renzi is led, by his review of Ciniselli's cases and others, are—1. That no case is known of a complete and permanent cure of aortic aneurism by galvano-acupuncture; 2. That the cases of apparent cure are more readily explained by the irregular course of the disease and the effects of quiet and good hygienic influences; 3. That the operation is harmless in itself, but may be the indirect cause of mischief by inducing changes in the walls of the sac, rendering them more liable to burst.—*Nuova Liguria Medica.*

Talmudic Gleanings.—In the December number of *The Scattered Nation*—a journal devoted to the reformation of the Jewish race—are a number of "Talmudic Gleanings," from which the following are extracted. Their biting character serves to show the priestly race of yore in strong antagonism to our art:

"14. A doctor that heals for nothing, his cure is worth nothing.—*Bava Kama*, fol. 85, 1.

"15. Most donkey-drivers are wicked, most camel-drivers are worthy, most sailors are pious, but the best of doctors are for hell.—*Kedushin*, fol. 82, 1.—Note.—A doctor, says a certain writer, has the advantage over the Angel of Death. The latter kills gratis, but the former is paid for it.

"16. Seven have no portion in the world to come —the legal writer, the scribe, the best of doctors, etc.—*Avoth Drb. Mathau*, c. 36.

"17. When a patient says, I am in need of (certain food), and the doctor says he is not in need of it, the patient is rather to be listened to; for (Prov. xiv. 10) the heart knoweth its own bitterness.—*Yana*, fol. 83, a. c. 1.

"18. If there be no Israelitish doctor in a city, but there are in it a Samaritan doctor and a Gentile doctor, the latter may circumcise (a Jewish child), but not the former.—*Avoda Zarah*, fol. 2. 26, c."

An Astonished Allopath.—M. Messenger Bradly, of Manchester, in a letter to the *British Medical Journal*, says: "Happy are they who can hear their detractors and can put them to mending. I have recently learnt a lesson from the Homœopaths, which is worth knowing. I lately had a patient of a highly excitable nature, who suffered from severe

attacks of neuralgia of the chest walls. I run through all the orthodox treatment for neuralgia from the hyssop on the wall in the shape of Quinine, even to the cedars of Lebanon, or blisters and Arsenic, to eye soreness. Nothing, however, did him any good. When the lethargy caused by a narcotic drug passed away, the pain was found to be unabated. One day I missed him, but the next he returned, to tell me he was cured, and by a Homœopath. He brought the magic secret with him, which was simply a couple of drops of the Mother Tincture of Phosphorus in a little Glycerine. There was no mistake about it, he said. He was in agony; he swallowed the draught, and in two minutes was well. Since then my patient, who had to go to the Homœopaths to be cured, never travels without a small bottle of the Mother Tincture of Phosphorus. I have since used the drug whenever I met with what I thought a suitable case, and have every reason to be satisfied with it. It will not cure every patient, but, when the neuralgia is accompanied by much nervous waste, as is often the case in the nervous and sanguineo-nervous temperament, then it rarely fails to put an end to the paroxysm. Romberg calls neuralgia the cry of the hungry nerve for blood; it would, perhaps, be more correct to say, it is the demand for its special food, which is *Phosphorus* contained in the blood."

Acute Mania Treated by the Wet-Pack.—The following case is reported by Dr. Shephard, of Colney-Hatch Asylum: A lady, 19 years of age, who had recently recovered from scarlet fever, was attacked by acute mania. Previous to the attack of scarlet fever, she had always enjoyed good health. Her family relations were happy, and there was no hereditary tendency to insanity. I was called on the second day of the attack, as the local practitioners had been baffled in their attempts to meet the emergencies of the case. As I ascended the staircase, I heard vehement declamations and shouts, associated with as obscene language as the nastiest mind could desire. The bed-room was strewn with different articles; one of the windows had several panes broken; the mirror was also broken; the whole place was a Babel of confusion. Wild and flushed, the central figure, this young, mad and infurious lady, with disheveled hair, torn night dress, and exposed bosom, sat up in the middle of the bed. As I approached her she sprang out of bed, and ordered me to leave the room instantly. With a menacing aspect, spitting at me, she stood with dilated nostrils and heaving breast, fierce as a lioness at bay, the incarnation of ungovernable passion. After a half hour's exertion, we succeeded in packing her in wet sheets. Five minutes afterwards, she asked for water, which was eagerly gulped down. It was the first, either of liquids or solids, that she had taken for two days. In ten minutes, our young lioness was asleep, and breathing calmly. At the end of two hours, she was unpacked, rubbed dry, and put in clean linen. She refused nourishment, but fell asleep quickly, and slept quietly for five hours. Afterwards she took a glass of pale ale, some milk, and beef tea, with two eggs beaten into it, and seemed as calm as she had ever been in her life. Nourishment was given her at short intervals, and she had no bad symptoms afterwards. Three months afterwards she was married. She has borne children, and the puerperal state has been free from all complications.

Functional Dyspepsia, Anæmia, and Chlorosis.—Dr. Brown-Séquard, in the *Archives of Scientific and Practical Medicine*, gives the following hygienic treatment of these diseases: "It consists in giving but very little of solid or fluid food, or any kind of drink at a time, and to give these things at regular intervals of from ten to twenty or thirty minutes. All sorts of food may be taken in that way, but during the short period when such a trial is made, it is obvious that the fancies of the patient are to be laid aside, and that nourishing food, such as roasted or broiled meat, and especially beef and mutton, eggs, well-baked bread, and milk, with butter and cheese, and a very moderate quantity of vegetables and fruit, ought to constitute the dietary of the patients we try to relieve. This plan should be pursued two or three weeks, after which the patient should gradually return to the ordinary system of eating three times a day." * * "My experience with the patients on whom I have tried the plan of feeding above mentioned, shows that the amount of solid food required by an adult is nearly always as follows: From 12 to 18 oz. of cooked meat, and from 18 to 24 oz. of bread. As regards the amount of fluids I have allowed, it has always been notably less than the amount indicated by Dr. Dalton (3 pints)." * * "The only essential points are that the amount of food taken every 10, 15, 20, or 30 minutes be very small (from two to four mouthfuls), and that the quantity of solid food in a day be from 32 to 40 oz., or a little less where, instead of water, the patient drinks beef-tea or milk." * * "I will simply say that the facts I have observed agree with the view that we are naturally organized, like most, if not all, animals, to eat very frequently, and not, as we do, two, three, or four times a day. It seems certain, from the facts I have observed, that functional dyspepsia, when once it has begun (never mind by what cause), is kept up and increased by distension of the walls of the stomach." * * "In anæmia and chlorosis, not complicated with dyspepsia, the advantage of this plan lies in the rapidity of formation of blood from the notably increased amount of food that the patient can digest." A very interesting case is cited, illustrative of this treatment, in which the number of meals in a day was changed from *three* to *sixty* or more with immediate relief.

The Medical Union Clinic.

Oleum Sinapis nigri (*Sulpho-cyanallyl*), *in Variola.*—Case 1.—Mr. S. was seen February 4th, in consultation with the attending physician, by my partner, Dr. Ferris, upon a question of diagnosis. He found the patient in the first stage of a variolous eruption, with loss of speech, anxious look and subsultus tendinum. Gave Atropine 2d.

On the following evening I was called in consultation to the case, and found the patient still with the above symptoms except that the former subsultus had given place to actual clonic spasms. There were also present, sclerotic congestion, contractions of the iris, a hot and swollen condition of the head and face, together with a muttering delirium. Upon a closer examination, I noticed a regularly progressive eruption upon the trunk and upper extremities, while that on the face had evidently become arrested since the first or second day of its appearance, yet without any signs of

an actual repercussion. The pulse was full, tense, and slow, like that we often find in cases of cerebral apoplexy. There was total suppression of the urine, and, what was even more noticeable, an equal suppression of the salivary secretion with excessive dryness of the whole buccal cavity, and of the mucus surfaces of the nose and eyes. I prescribed Oleum Sinapis nigri 2d dec.

Upon inquiry next morning, I learned that an hour after the administration of the above remedy, the patient passed water freely, followed by a still more copious discharge towards morning. The nervous symptoms had ceased, the delirium assuming a more loquacious character, with hallucinations of the personation of Deity. The delirium ceased in about twelve hours, and the patient, under the continued and sole use of this remedy (an allyll compound), made a rapid recovery. I regret that the promised report of this case in full has not yet been received from the attending physician.

CASE II.—Miss S., æt. 20, was first seen by me during the variolous fever, and afterwards treated by Dr. Ferris. During the prodromous stage there was violent epistaxis, high fever and severe general myalgia. The efflorescence was extensive, with all the indications of a confluent course.

The epistaxis was controlled by Hamamelis, and all the subsequent symptoms by Oleum Sinapis nigri, 2d dec. Upon the action of the sulphocyanallyl was supposed to depend this favorable result. The case ran a kindly yielding course, terminating in the confluent variety, but without either a noticeable secondary fever or sequellæ of any kind. Here too it is worth mentioning that with the administration of the remedy there occurred a salivary crisis, after which all the cutaneous symptoms were ameliorated.

F. A. ROCKWITH, M. D.

Eczema treated with Concentrated Petroleum.—A gentleman, aged fifty-five years, naturally strong and healthy, applied for relief for a severe form of eczema, which had come on without any apparent cause and spread over the lower limbs. The eruption was at all times exceedingly uncomfortable, but at night the itching was often so severe as to prevent sleep. Persistent medical treatment had been tried for a year, during which various remedies had been used, but with only temporary and partial relief. A few applications of the concentrated Petroleum entirely removed the trouble. Two months have elapsed, and there is no indication of the return of the eruption.

EGBERT GUERNSEY, M. D.

Terebinth in Hemorrhage.—A young man, twenty-four years of age, nervo-sanguineous temperament, of good health up to the time of an attack of dysentery, applied for relief for a severe form of hemorrhage from the bowels which had troubled him for over a year. The hemorrhage came on about a month after his apparent recovery from the dysentery. A speculum examination revealed a perfectly healthy rectum. At times there would be a large discharge of mucus, followed by a severe hemorrhage of bright red blood; again a comparatively healthy passage would be followed by the blood, the feces showing no traces of it; and sometimes the hemorrhage would come on with great violence, producing extreme exhaustion, neither mucus nor feces being present. He had been very careful with his food and the attacks were attended with but little pain. He had been under the care of one of the best homœopathic physicians in the city, but had experienced no relief. Under the influence of *terebinth* 1st, he made a speedy and complete recovery. Four months have elapsed, with no return of the hemorrhage.

CASE II.—Mr. B., a young man of weak and scrofulous constitution, called on me with a severe form of hemorrhage, similar to the above. He had been troubled with it for nearly two years, and had only obtained from various forms of medication temporary relief. Under the influence of *terebinth* he made a rapid recovery. For two months he has had no return, is taking cod-liver oil, and is able to attend to business.

EGBERT GUERNSEY.

Mania.—Miss ——, æt. 23, nervous temperament. Had always had good health, except that her friends thought she had not at times her usual mental balance. Just previous to her present illness had been attending —— University, where she studied very hard and was regarded as the most brilliant in her class. Three weeks before I saw her, she was attacked with inflammatory rheumatism; confining itself, however, to her right foot and left hand. During that time she was treated homœopathically, but no change was observed in her symptoms, except that she grew more and more nervous; and during the last seven days preceding my visit to her, had only slept three hours. I was hastily summoned early in the morning and found her insane. She manifested the symptoms usual in such cases, varying from mild to the most violent. For a few days she would take neither food nor drink, and again during the coldest weather would only have a cotton sheet for a covering. If opposed in the least degree, would become frenzied. Remedies could only be given her when she would take drink of some kind and then only by deception. All the senses were acute in the highest degree. Those whom she most loved when well, were now the most repugnant to her.

The remedies usually given for such conditions, viz: Bell., Stram., Hyos., Opium, Gels., &c., seemed ineffectual in quieting her or giving any relief. I then gave Kali Bromatum, ten (10) grains in sweetened water every two hours. She soon became more quiet and slept some. I continued this when she was awake and at longer intervals between the doses for about one week, but without further perceptible improvement until it had developed the eruption similar to Acne, peculiar to the Bromide. I returned to Bell. and Stram., and gave her Chloral to be taken at ten o'clock at night, dissolved in syrup, in the proportion of five grains to a tea-spoonful. She took two tea-spoonsful and slept quietly nearly all night, and seemed much better. She improved very rapidly under this treatment. In a few days she was able to sleep most of the night without the Chloral, and needed only one attendant. Under the use of the Hypophosphite of Lime and the Citrate of Iron and Strychnia and Phosphoric Acid she soon recovered her full mental faculties and general health, except the rheumatism in her foot, which slowly recovered. The mania lasted about four weeks.

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Rochester, N.Y.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*" Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

THE medical fraternity of Brooklyn may justly claim the honor of establishing the noblest monuments to the memory of Hahnemann yet erected.

On the 13th of last month, the Bishop of Long Island dedicated a hospital for the accommodation of one hundred patients, that would be creditable to any school or city. It is fitted with all of the modern hospital appliances and is already receiving patients. It is beautifully situated, and the trustees own a sufficient amount of ground to enable them to erect buildings for the reception of five hundred patients. The hospital is the result of long-continued and earnest work on the part of a few physicians and laymen, and creditable to both alike.

It seems singular that the only opposition to the establishment of this institution came from some of the homœopathic physicians of the city. If the members of the old school were opposed to it, they made no active opposition, while the lay members of that school, in many instances opened their purses unasked, and assisted in every way to place the institution upon a substantial basis. Had the same feeling existed among all of the members of the school in the city, the result might have been still more creditable.

Brooklyn has in addition to the hospital a lying-in asylum and four dispensaries. The asylum is soon to be placed in a fine building of its own, and together with its nursery and school for nurses, will rank among the most successful institutions of the city. Twenty new beds were placed last month in the wards, and every effort is being made by the lay members and physicians to add to its usefulness. This institution is managed by a board of forty ladies who are untiring in the work given them to do, and the success which has attended their efforts is conclusive evidence that institutions of this class should invariably be placed in their hands.

The dispensaries of the city are models in their way, and are unequaled in the country by any school of practice. The original design was to make them *schools for physicians* and a benefit to the poor. In carrying out this plan the physicians were appointed to special departments and each department provided with all of the new books and instruments. It is safe to say that there is not an institution of the kind to be found that is as well equipped as the Brooklyn dispensary.

THE FUTURE OF MEDICINE.

DR. DUNSTER, in an anniversary address before the New York Academy of Medicine, seems somewhat dissatisfied with the progress in the medical world of therapeutics and looks to the future for a clearer insight into the action of remedies. "To isolate morbific principles," he says, "and to ascertain the exact nature of all disease-producing agents, and to learn accurately the initial changes wrought by them, are clearly the preparatory steps to an acquaintance with the laws of the cure of disease. But even this knowledge is not impossible; there can be no doubt that sooner or later the laws underlying the therapeutic action of remedies will be reached; that there are such laws it seems to me is indisputable, for law which is not a self-acting agent, but only the expression of God's will, in the workings of the universe, is present and acting everywhere and under all circumstances; and as in the past and the present, so will it be in the future that the impediments in searching out these laws will be found to lie less in the intrinsic difficulties of our subject than in the erroneous and illogical methods of conducting investigation into them. The future, then, is full of promise; and we may well content ourselves with the reflection that as centuries upon centuries have been spent in bringing about our present advanced position, so hereafter each successive decade will give a steadily increasing development.

"I plead for the entire abandonment of all faulty methods of investigation and reasoning, and for a still firmer alliance with those, which in other quarters have produced such solid and brilliant acquisitions; for a diminishing reliance upon the 'blind gropings of empiricism,' and a still closer affiliation with the whole temper of modern science; for the exclusion of all fallacies, and the adoption of every safeguard, which can indicate a wrong direction in our labors; for the final displacement of self in the interpretation of the phenomena of life, and the concentration of all our powers in searching out and verifying the laws which govern the relation and succession of those phenomena; in a word, I plead for the incorporation into all our studies and all our work of the logic of medicine."

And to this, we most heartily say *amen.* But, has not a law of therapeutics already been discovered, which leads us away from the "blind gropings of empiricism" on to the sure and firm basis of scientific investigation, founded upon thoroughly proved and firmly established facts? Does not the law of *similia* and the *proving* of drugs on the healthy organism, give us a clue out of the tangled maze, which has so long bewildered the medical world, and exalt therapeutics to a rank among the sciences? We are convinced if the learned doctor and those, who like him are dissatisfied with the spirit and investigations of their own school in the past, would carefully investigate the law of *similia* in the light of their own daily experience in the treatment of disease, they would find in it much to command their respect.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE meeting of the New York State Medical Society, in Albany, on the 11th and 12th inst., was of more than usual interest. Upward of a hundred physicians were gathered together in council from every part of the State, and judging from the published proceedings, enjoyed themselves intellectually and socially. We think it would add greatly to the interest of these meetings, if the different bureaus would collect and arrange in the form of a report, concise, yet full enough to present clearly the leading facts, the discoveries, improvements, and progress in the different departments of medicine and surgery during the preceding year. Quotations could be made from papers presented, giving an outline of the arguments, and stating the important facts and deductions, leaving the papers themselves to be published in the Transactions of the Society. The reading of the reports would naturally bring out a vast array of facts drawn from the experience of the members, which would be of great practical value. Most of the bureaus are now only so in name, and so far as the collection of facts, experience and scientific information are concerned, almost useless.

Dr. E. Darwin Jones, of Albany, was elected President of the Society for the ensuing year. No better or more popular selection could have been made. Dr. Jones will do credit alike to the Society and to himself. Dr. H. M. Paine retires at his own request from the secretaryship of the Society. No man in the State has done so much for Homœopathy as Dr. Paine. Possessed of a thoroughly cultured, quick and comprehensive mind and rare executive abilities, he has worked nobly and well to advance the cause of medical truth. He has edited nine volumes of the Transactions of the Society, which, in quantity and matter compare well with the publications of any other school. Thoroughly disinterested, he has used his time and talents freely for the public good, without expectation of reward, and retires from the office he has filled so long and well with the respect and good wishes of every member of the Society.

SANITARY LEGISLATION.

MR. DORMAN B. EATON, a prominent lawyer in New York, recently gave an address before the "*Public Health Association*" on *Sanitary Legislation in New York and England.* Mr. Eaton had just returned from a lengthy visit to Europe, where he studied with the utmost care the workings of the sanitary regulations of the different countries in which he sojourned, but more especially those in England. After passing in review the history of sanitary legislation in England and in New York, he suggests the following as a few of the organic measures of sanitary legislation greatly needed, not only in this State but wherever there is a dense population.

"1. Co-operative sanitary legislation between the Federal and State governments.

"2. A general law on the subject of public health, with some special clauses applicable to all villages, and others applicable to all cities; our sanitary legislation, in regard to cities and villages generally, now being in the most confused, inefficient and demoralized condition.

"3. General laws regulating every variety of medical practice, and the preparation and sale of medicines; under which those engaged in either shall have an organization and authority for securing (coupled with a duty of keeping up) a high standard of capacity and character, for examining all candidates, for exposing all malpractice, and for expelling all unworthy members.

"4. A central medical board having a classified membership, with proper relations to the State government, clothed with a supervisory control in respect of all such organizations, and the studies and standard of scholarship in all medical institutions; with the duty of looking into the sanitary administration of every city and village of the State, so far at least as to facilitate their harmonious action and to report their sanitary abuses; with the authority and obligation of examining into the general sanitary condition and management of every public prison, school, jail, poor-house and public institution of charity or correction in the State; with the right to demand reports in respect to all matters to which the supervision of such boards should extend, and the duty of making an annual report in respect of all such matters to the Governor.

"Such medical board should also have all the authority in regard to medical education now belonging to the Regents of the University; medicine not being, any more than law or divinity, a fit subject for the control of the Regents; and such board should also be an appellate tribunal in regard to all medical societies. And in such medical board (of which a part of the members should not be physicians) there should be a bureau of registration of births, deaths and marriages, with authority to require full returns from every part of the State. It should also supervise the enforcement of compulsory vaccination throughout the State. It is not less a calamity than a disgrace to this great State to be without such a board of registration.

"With sanitary administration upon such methods, properly reinforced and criticised by voluntary organizations, much needless sickness and municipal corruption would be avoided; not a little pernicious charlatanry and not a few poisonous medicines might be suppressed; the catalogue of crimes might be reduced, and public morality and sanitary intelligence might be greatly advanced.

"It is further indispensable, not only in this supervisory health board, but in respect of all local boards of health, that there be a divorce of sanitary administration from party and village politics. Until our people come to regard all sanitary laws and precautions as measures based on science, experience and medical skill, and not as mere agencies of caucus politics and party majorities, we can never have the public health duly protected, or any other results than corruption and inefficiency from our sanitary administration. Nothing can be more absurd than annual party elections of village politicians to administer our health laws. They are generally utterly without qualifications, when elected; and while in office for short terms, they stand in constant fear of losing the votes of the bad men they ought to coerce; and by the time they have gained a little sanitary knowledge, their terms of office are expired. We have many stringent sanitary laws, so stringent indeed that any real enforcement of them would raise a general protest. They are in no sense enforced at all; but the threat of enforcement serves the purposes of mercenary officials and village demagogues. When the public mind shall comprehend that in every local board of health there must be united, medical skill, sanitary knowledge and classified terms of several years' duration, so that there shall always be some experience and courage for the work; that every such local board should be organized on the same principles, and be subject to some general supervision, both in regard to methods and to expenditures; that our methods of arresting disease must, no more than the disease itself, be limited by mere political boundaries or municipal jurisdictions; then, and not until then, can we hope for that kind of sanitary administration, which the common safety requires, and every consideration of economy and morality alike commends. Until that time, our city and village health laws and administration must, in the main, continue a scandal to our institutions and a disgrace to our political intelligence."

These suggestions deserve careful consideration. Sanitary administration should be divorced from party politics and medical cliques, and entrusted to those, and to those only, of broad and comprehensive views, willing to work not for the interests of party or sect, but only for the public good. When the State insists upon this course, it will be the signal for the downfall of the medical rings, the most arrogant and despotic in the world, who have so long, shut up within their narrow prejudices, controlled the hospital and sanitary affairs of the country.

The co-operation of sanitary legislation between the Federal and State governments, we deem an exceedingly wise and timely suggestion. We heartily approve of the suggestion made in our last number, in the article "On the Duties of the State in the Prevention of Disease," of the formation by the President, of a National sanitary board, which shall be the supreme head in all matters relating to sanitary administration. Let every State also have its sanitary board, directing the course of medical instruction, supervising our hospitals, asylums and prisons, and keeping the local boards up to their duty. Thus we should have sanitary law guided by the wisest intelligence in the nation, exerting its influence in every town and hamlet throughout the land.

CHARITY STUDENTS.

WE have a word to say against Charity Students in connection with medical colleges; and yet not against the students themselves, for many of them have and deserve our respect; not against that charity which we love and humbly follow, but against the system pursued in many colleges, of giving free tuition to unworthy applicants, for the sole purpose of swelling their list of graduates. We do not recognize the plea or the fact of poverty as a sufficient guarantee that the applicant will be either a worthy member of the profession or a credit to the college. We have no faith in that indiscriminate charity that picks up a lazy and ignorant fellow and makes a doctor of him because he is fit for nothing else. Such charity will "cover a multitude of sins" sooner or later. Poverty has no claim to such consideration, unless there are other equivalents which make up for the deficiency in money. There must

be a *quid pro quo.* Brains, character, energy, are a larger capital than money, and the student who possesses them will honor any college and adorn any profession. Ignorance and laziness will, on the other hand, disgrace even the lowest position in life, and the higher the position, the deeper the disgrace. There are, then, two classes of charity students; one is rich in ability and poor in money, the other is destitute in both mental and financial resources. There should be a sharp discrimination between the two. It is unfair to the former class of students to confound them with the latter, and the fault of the colleges consists in not making this distinction.

When a young man applies for free admission to a medical college, he should be required to pass an examination that will show him to be superior in ability and general attainments to the ordinary run of students. If this examination shows that he has faithfully used his former opportunities, it will then be wise to give him further opportunities for development. Let this examination be rigid, impartial and invariable, so that when one enters a medical college on the footing of a "charity student," the title may be one of honor as being evidence of the superior ability of the student. Such students will be sure to repay all the advantages they receive by the honor and influence they will reflect upon their Alma Mater after graduation. As to the other class of charity students, the poor, stupid and lazy, it would be economy to pay them to stay away, it would be strategy to send them to a rival college, it would be charity to convince them that a good carpenter or blacksmith is a better man in his way than a poor doctor.

SEPTICÆMIA.

In the recent Bulletins of the French Academy we have a full report of M. Davaine's paper, and the consequent discussion on Septicæmia. Septicæmia, he defines, as a disorder resulting from inoculation with putrified blood, and refers to the facts established by the researches of MM. Coze and Feltz, in 1866, of the contagiousness of this disease, and the increase of the virulence of putrified matter as it passed through the living organism. M. Davaine first set himself to work to ascertain the minimum quantity of putrified blood required to kill certain animals, and then the proportionate dose of their septicæmic blood which would suffice for the same end. To carry out the second inquiry, it was necessary to dilute the blood so as to get a fractional part of a drop. He therefore mixed one drop of the poisoned blood with one hundred of water, and from this made his dilutions. The dose was injected into the subcutaneous cellular tissue with a Pravaz syringe.

Of seventy-two Guinea pigs, injected with from one to ten drops of the blood, forty-three survived and twenty-three died; of eleven other Guinea pigs, none died from a less dose than one-fortieth of a drop. Forty-eight rabbits were inoculated in the same manner, in doses ranging from one to sixteen drops of blood. Twenty-two survived and twenty-six died; of nine others, inoculated with fractions of a drop, none died with less than one two-thousandth. To decide what dose of septicæmic blood (that is, the blood of an animal that has succumbed to the inoculation of putrified blood) will cause death, he resorted to a large number of interesting experiments, and passes in review a series of twenty-five successful inoculations.

Of the blood of an ox killed ten days previously, in July, and very fetid, he injected into the subcutaneous tissue of the neck of five rabbits, quantities of two, four, ten, twelve and fifteen drops respectively. All five died—the first in sixteen days, the second in nine, the third in forty hours, the fourth in twenty-six days, and the fifth in five days, after the inoculation.

Blood from the heart of a rabbit killed in forty hours by the injection of ten drops of putrid blood, was injected twelve hours after death into the cellular tissue of the neck of four rabbits. The four rabbits, having received respectively one, two, three and four drops of blood, died in one night, from thirty to forty hours after the inoculation.

Blood from the heart of a rabbit, of the fourth generation, was injected, two hours and a-half after its death, into three other rabbits, in doses of one drop, of one-tenth, and one-hundredth of a drop respectively. The first and second died in fourteen hours, the third in twenty hours.

Three rabbits were inoculated with the blood of one of the ninth generation an hour after its death. One received one drop, another one ten-thousandth of a drop, and the third one twenty-thousandth. The first died the next night, the second in fifteen hours, and the third in about thirty-five hours, after the inoculation.

At the *fifteenth* generation, three rabbits were inoculated with a twenty-thousandth, a thirty-thousandth, and a forty-thousandth of a drop of blood. All three died in from twenty to forty hours afterwards.

At the *twentieth* generation, the blood of a rabbit an hour dead was injected, in doses of a five-hundred thousandth, a millionth, and a hundred-millionth, of a drop. Of the three rabbits that received these minute quantities of blood, the first and the third died in thirty-five hours, the second in twenty-one hours.

In the following generations he reached quantities whose minuteness was beyond all expectation. He

had ascertained, in 1868, that Guinea pigs could be killed with doses of carbuncular blood smaller than the millionth of a drop. He was assured of this by experiments upon four of these animals, of which two died from the ten-millionth, and two from the hundred-millionth, of a drop of such blood.

In the *twenty-second* generation, three rabbits were inoculated with a millionth, a hundred-millionth, and a billionth, of a drop of the blood of a rabbit dead two hours previously, which had been poisoned by a five-hundred-millionth of a drop of septicæmic blood. These three rabbits died—two in about thirty-six hours, one in forty hours.

In the *twenty-third* generation, one rabbit was inoculated with a hundred-millionth of a drop, another with a ten-billionth. Both died in about thirty-six hours after the inoculation.

In the *twenty-fourth* generation, five rabbits were inoculated from the blood of another dead from the hundred-millionth of a drop. The first received a hundred-millionth, the second a billionth, the third a ten-billionth, the fourth a hundred-billionth, and the fifth a trillionth, of a drop of the heart-blood of this animal. All were dead before twenty-four hours had expired.

In the *twenty-fifth* generation, four rabbits received respectively a trillionth, a ten-trillionth, a hundred-trillionth, and a quadrillionth, of a drop of the blood of a rabbit belonging to the last series, and perishing from the trillionth of a drop. One only of these animals died, viz., that which had received a ten-trillionth of a drop of blood.

On the next day he repeated in part the experiments with the blood of the rabbit of the twenty-fourth generation, which he had preserved for this purpose.

Two rabbits were inoculated, the one with a trillionth, the other with a ten-billionth, of a drop of this blood. The first died in twenty-two hours, the second in about thirty-five hours after.

It seems, then, that the limit of the transmissibility of septicæmia in the rabbit stands at the trillionth part of a drop of the septic blood.

He points out the greater certainty of death from septicæmic than from simply putrid blood. All died of the former; only one-half of the latter. The duration of life, he shows, has no relation to the quantity of blood inoculated within the limits specified. The one great distinction lay in the *quality* of the septicæmic as compared with that of the putrid blood. MM. Coze and Feltz admit the increasing intensity of the septicæmic poison in the successive generations. We know not how to insist too strongly, they say, upon the remarkable circumstance, that the putrid ferment increases in activity in passing through successive generations. He proved the increase of virulence in the successive generations in the following manner:

First Experiment. *First generation.*—The blood of an ox preserved for ten days was inoculated into five rabbits, in doses of a tenth, a fiftieth, a hundredth, a five-hundredth, and a thousandth, of a drop. The first three died; and the two last were, to all appearance, not even ill. The limit of he mortal septicity of putrified blood in the rabbit is, therefore, within a five-hundredth of a drop.

Second generation.—Blood from the heart of a rabbit dead from a tenth of a drop was injected into five rabbits, in doses of a ten-thousandth, a twenty-thousandth, a thirty-thousandth, a forty-thousandth, and a fifty-thousandth, of a drop respectively. All died in from thirty-five to sixty hours.

Second Experiment. *First generation.*—From the blood of an ox preserved for five days, five rabbits were inoculated, in doses respectively of one drop, a hundredth, a thousandth, a two-thousandth, and a ten-thousandth, of a drop. The first three only died. The power of the virus to kill did not, therefore, in these cases, reach the two-thousandth of a drop.

Second generation.—The heart's blood of the rabbit dead from the hundredth of a drop was injected into three rabbits, in doses of a hundred-thousandth, a millionth, and a ten-millionth, of a drop. All three died in from sixteen to twenty-three hours.

Third generation.—The blood of the rabbit dead from the ten-millionth of a drop was injected into five rabbits, in doses of a hundred-millionth, a millionth, a ten-millionth, a hundred-millionth, and a trillionth, of a drop. All these rabbits died in twenty-four or twenty-five hours.

These facts prove sufficiently that the septicæmic virus acquires its great potency at once.

He finds that septicæmic blood loses its power of causing disease and death as putrefaction advances in it. Thus, on the ninth day after the decease of its owner, it is still violent; but by the twenty-third day it has become innocuous. He thinks the destruction of the virus is effected by the ammoniated and hydro-sulphuric products of the putrefaction process. This is illustrated by the phenomena of vinous fermentation. Where much sugar is present in the grape juice, alcohol is so rapidly formed that it checks the further transformation of the sugar into the alcohol itself. If the excess of alcohol be removed by distillation, the process goes on again till all the sugar is converted. In this way, he thinks, the products of putrefaction are consumed as fast as they are produced, until the whole material, which is its subject, becomes imbued with its virulent character. In the animal organism, ammoniacal products are rapidly eliminated by the kidneys; hydro-sulphuric acid introduced into the circulation is at once ex-

haled by the lungs. Thus the inoculated putrid matter ferments, without interference, till the entire mass of blood acquires an intense virulence.

The experiments made by M. Davaine, and the results obtained, are full of interest to the medical man and the scientific world. We should not, however, jump at the conclusion, from any of these experiments, that the power of a drug must, of necessity, increase by its dilution. There is a very marked difference between the dilution of a drug and the passing of a poison through one living organism after the other. In the one case, the rapid spread of putrefaction in the animal organism gives rise to the virulence of the poison. In the dilution of drugs, no such conditions exist. The complete and thorough subdivision of a mineral or vegetable drug does, undoubtedly, bring it more directly in contact with the living organism, but we can find no argument for the extreme infinitesimal theory, upon any of the experiments enumerated above.

Transactions of Societies.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

FIRST DAY.

THE twenty-second annual meeting of the society was held in the Board of Supervisors' room, City Hall, at ten o'clock, Tuesday, February 11, 1873. Dr. H. A. Houghton, of Keeseville, N. Y., President of the Society, called the meeting to order. Prayer was offered by the Rev. Samuel McKean, of Ash Grove Church, Albany, after which the President delivered the following address:

Gentlemen of the New York Homœopathic Medical Society:—Another year has passed since we met in this city to exchange opinions relative to the treatment of disease, report cases from our own experience, and discuss scientific papers.

We have again assembled here for mutual improvement and for the good of those entrusted to our care.

During the interval our acquaintance has been extended, friendship strengthened, experience enlarged, and the union of feeling which has marked the progress of the society was never stronger than to-day.

Our pleasure is tempered by sadness, as we miss from their accustomed places, those whose work was finished here, and well done, too.

Last in the roll of those who are *not*, for they have been taken, stands the revered name of Dr. Jacob Beakley, one who entered the ranks among the early pioneers, when it required earnest convictions and great courage to be an advocate of the new faith, but who has lived, like our honored ex-President, to see the truths for which they so valiantly fought accepted, even beyond their brightest hopes. Full of years and experience, he has laid him down to rest.

Receiving their discharge sooner, although younger in years, are the well-remembered names of Dake, Hawks, Richards, and Shattuck. Blessed be their memories. We shall deeply feel the want of their counsel and support in this our common cause; and while we mourn our own loss, let us not forget the aching hearts whose lives were more closely entwined with theirs than ours have been, and give them sympathy and aid, too, if need be, as far as possible.

While death has erased from our roll shining names, life has brought us accessions from every source, so that our society seems in a more prosperous condition than ever—several hospitals, numerous dispensaries, and a large number of county societies, all of which are in active operation, with increased demands, contributing largely to the interest and welfare of this, the parent.

The college in the city of New York, which has entered upon its thirteenth year, is not excelled in its advantages or reputation by any other medical college of its age in the United States. Its new edifice, which has been completed during the past year, equals, if not surpasses, in beauty and convenience of structure, that of any other medical college in our country. The honored names of its faculty is sufficient guarantee of the unparalleled advantages to be enjoyed by those students who are wise enough to embrace the opportunity. The professors are educated men, scientific in their practice and enthusiastic in their profession, able to give practical illustrations as well as theories.

Let us patronize our own College, and while doing so, may no homœopathist forget the debt of gratitude due to the unexampled generosity of Mrs. Emma Keep, for her magnificent donation of one hundred thousand dollars to help establish and sustain an ophthalmic Hospital in connection with the College. I am sure her name will be revered by those sufferers who are benefited by her bounty, and it should be no less so by all who are interested in the cause of humanity or the progress of our science.

There seems no more fitting expression of gratitude to the Giver of all good, than by using the means with which He has endowed us, for the benefit of his children; and our kind patroness has built a lasting monument to her own name and that of her departed husband, in the means she has provided for the amelioration of the painful condition of a large class of afflicted ones.

The demands upon us are increasing even beyond our proudest hopes. The immense gain in our practice, which has taken place within the recollection of all present, seems like some wonderful story of the imagination instead of verified truth.

Now, the question arises, what are we doing to satisfy this demand? Perhaps, all in our power. But I would again suggest, as it cannot be too forcibly impressed upon our minds, the propriety of greater strictness on the part of our medical colleges, with regard to certificates of time and moral character, from the preceptors of graduating students, co-operation on the part of physicians on this point, that every method may be adopted for sending them to their patrons thoroughly qualified, with the exception of that experience which is only the result of time.

I have received from the Regents of the University of this State a formula of the examinations which they require from medical students, and which I would recommend to your attention, for we have no occasion to fear too great advancement in a preparatory course.

Again, I trust that no one who claims to be a follower of the high-minded Hahnemann will be guilty of dishonorable treatment towards his patrons or professional brethren.

I claim that harmony among ourselves is absolutely essential to proper advancement, granting each the right, of course, to the expression of his own opinion, yet exhibiting a spirit of charity towards all, recommending by its exercise the cause which we represent.

I would recommend an expression of thanks to the Chief Magistrate of this nation, for his advancement in the recognition of our rights as physicians; also, to Ex-Governor Hoffman, for his endorsement of the bill appointing a Board of Medical Examiners, in connection with the University of this State.

Without trespassing longer upon your time, I thank you for your thoughtful co-operation during the past year, and leave this meeting to your pleasure, only asking that no time be unnecessarily spent, and that each hour be occupied by reports and discussions of value to the profession.

The Secretary, Dr. H. M. Paine, of Albany, read a synopsis of the minutes of the last annual and semi-annual meetings, which were, upon motion, adopted.

The President announced the following committees:

Committee on Credentials—Drs. L. B. Waldo and Mull.

Committee on Business—Drs. S. D. Hand and F. L. Vincent.

Committee to invite the members of the Legislature to attend the sessions of the society—Drs. H. M. Paine, T. F. Smith, and W. J. Bryan.

Committee to consider the suggestions proposed in the President's address—Drs. E. M. Kellogg, A. P. Throop.

Committee on Nominations—Drs. J. R. White, B. F. Cornell, L. M. Pratt, E. P. K. Smith, and E. B. Holmes.

Dr. Hunting, the Treasurer, read his report, which was, on motion, referred to a finance committee consisting of Drs. Hasbrouck, F. F. Smith, and Little. The receipts during the year were $572.65. The expenditures were $516.65; leaving a balance on hand of $56.

AFTERNOON SESSION.

The President called the meeting to order, when Dr. Throop, from the Committee on Gynæcology, read a paper which he had prepared for the Materia Medica Bureau, on the effects of the Pinus Lambertiana (Sugar Pine) as a cathartic. He also read another paper entitled The Importance of Exploration or Diagnosticating Diseases of the Uterus.

Dr. Vincent gave a synopsis of two interesting cases which came within his practice.

Dr. Waldo gave his experience in the use of electricity, in the case of certain diseases, giving some interesting instances of its use in his practice. This subject was discussed fully and ably by Drs. Waldo, Throop and Cornell.

Dr. Throop read an article written by Dr. L. M. Pratt, on the inversion of the uterus.

Dr. Vincent exhibited an instrument called the Intra-uterine Syringe.

Dr. Waldo stated that Dr. R. Walter Hurtly, of Chicago, was present, and moved that he be invited to participate in the discussions of the society. An amendment was offered and adopted that all members of the profession present be invited to participate in the deliberations of the meeting.

The President announced that the annual address would be delivered in the Assembly Chamber, in the evening, at eight o'clock.

Dr. Seeger read the report of a case by Dr. Wilder, of Hartford, on aneurism of the femoral artery, cured by compression, and exhibited a drawing of the tumor.

Dr. Seeger also presented and described an improved Laryngoscope.

Dr. Franklin Smith, of New York, read an interesting article on obstetrics.

Dr. Throop exhibited an improved fountain syringe.

ANNUAL ADDRESS.

In the evening the annual address was delivered in the Assembly Chamber, by Dr. J. W. Dowling, of New York. The following is a synopsis of his address:

After referring to the conclusive argument of Wendell Phillips, in which he endeavors to prove that the ancients were the equals of the present generation, and that recent discoveries are merely revivals of arts and sciences long lost to the world, the doctor noted the fact that on the subject of medicine Mr. Phillips was silent—probably from the fact that such an advanced state of civilization existed that no such science was needed. For it is contended by many intelligent men, at the present day, that health depends upon certain conditions, which, if observed, will render medicine entirely unnecessary. These sciences and arts, if they did exist, were lost. They had, however, been revived, re-discovered, until, at the present time, there hardly seems room for advancement. He referred to the rapid improvements which had been made within the recollection of many present, in everything necessary for the comfort of man. With these improvements sickness had increased, the life of man was rendered shorter than then. With this increase of sickness comes a necessity for more skill with which to combat disease. He quoted some amusing prescriptions from a work on the subject of medicine published some 300 years ago, and then took up the method of treatment in vogue at the beginning of the present century, and alluded feelingly to the barbarous custom of bleeding, purging, blistering, cupping, etc., then in vogue, and showed conclusively that until the introduction of homœopathy, but little advance was made in medicine. Since that time matters had changed. The so-called regular physicians had discovered—the people, their patrons, had discovered—that disease could be cured without resorting to this debilitating and cruel method. Until now scarcely an intelligent physician of the so-called regular school of medicine ever resorted to the use of the lancet for the cure of disease.

He alluded to the advance which homœopathy, as a science, had made within the memory of the youngest present, particularly in our own, the Empire, State, and referred to the high position which the New York Homœopathic Medical College, of which he is the executive officer, had attained, advised union and good fellowship with all, whether differing in convictions or not, and closed by quoting from a medical author a beautiful eulogy on the

practice of medicine, which was as noble an art as ever taxed the intellect of man, claiming that the duties of the physician commenced with the first feeble breath of the new-born infant, and he was the watchful sentry until its due expansion should enable it to receive these treasures with which the minister was prepared to store it. Henceforth their duties laid side by side, body and soul within their keeping, until a greater and mightier minister than either should dismiss the guard.

At the conclusion of the address, the members adjourned to Congress Hall, where a collation was tendered them by the members of the Homœopathic Medical Society of Albany County.

SECOND DAY.

The President called the meeting to order at 9 A. M. Dr. Gray presented a report on medical education, and accompanied his report with some interesting remarks.

Dr. Searle, chairman of the Bureau of Ophthalmotology, presented a report.

Dr. White gave a very interesting history of the case of a man who had become blind, caused by cataract; had been blind in one eye for sixteen years, and who was accidentally hit in the eye by the corner of a card, and afterward recovered his sight.

Dr. Searle said that undoubtedly the sudden rupture of the cataract had caused the desired effect.

Other interesting cases were stated by Dr. White and other physicians.

The Nominating Committee for Officers for the Ensuing Year made the following report, which was received and adopted:

OFFICERS FOR 1873.

President—E. D. Jones, Albany.

First Vice-President—D. F. Bishop, Lockport.

Second Vice-President—J. Ralsey White, New York.

Third Vice-President—R. E. Miller, Chenango Co.

Recording Secretary—Frank L. Vincent, Troy.

Corresponding Secretary—L. M. Pratt, Albany.

Treasurer—Nelson Hunting, Albany.

Censors—Northern District: Geo. W. Little, Fort Edward; H. D. Brown, Potsdam; S. J. Pearsall, Saratoga Springs. Southern District: J. Franklin Smith, New York; H. E. Morrell, Brooklyn; H. N. Avery, Poughkeepsie. Middle District: S. C Warren, Jordan; A. E. Wallace, Oneida; E. P. K. Smith, Auburn. Western District: T. C. White, Rochester; W. B. Brown, Palmyra; H. S. Hutchings, Batavia.

Publishing Committee—Drs. F. L. Vincent, Troy; H. M. Paine, J. W. Cox, E. D. Jones, and L. M. Pratt, Albany.

Nominees for Honorary Membership—Drs. G. A. Hall and R. Ludlum, of Chicago, Ill.

Nominees for Permanent Membership—First District: A. P. Throop and S. P. Burdick, New York. Second District: A. E. Sumner, Brooklyn, and Benjamin Lansing, Rhinebeck. Third District: E. S. Coburn, Troy; S. H. Carroll, Albany. Fifth District: Selden F. Talcott, Waterville. Seventh District: B. F. Grant, Bath, Steuben County. Eighth District: Levi Shafer, Kingston.

BUREAUS.

Materia Medica—S. Lilienthal, M. D., New York; S. D. Hand, M. D., Binghamton.

Surgery—W. Tod Helmuth, M. D., New York; Theo. C. Liebold, M. D., New York; H. G. Preston, M. D., Albany

Ophthalmotology—W. S. Searle, M. D., Brooklyn; Theo. C. Liebold, M. D., New York; T. F. Allen, M. D., New York.

Clinical Medicine—B. F. Cornell, M. D., Fort Edward; E. A. Munger, M. D., Waterville; L. B. Wells, M. D., Utica; Geo. E. Belcher, New York; W. W. Watson, M. D.

Mental and Nervous Diseases—H. D. Paine, M. D., New York; Robert McMurry, M. D., New York.

Obstetrics—J. Ralsey White, M. D., New York; H. M. Paine, M. D., Albany; B. F. Cornell, M. D., Fort Edward.

Gynæcology—A. P. Throop, M. D., New York; F. L. Vincent, M. D., Troy; J. R. Wood, M. D., New York.

Pædology—H. C. Houghton, M. D., New York.

Pharmacy—H. M. Smith, M. D., New York.

Histology—A. E. Sumner, M. D., Brooklyn.

Publishing Committee—Dr. F. L. Vincent, Troy; Drs. H. M. Paine, J. W. Cox, E. D. Jones, L. M. Pratt, Albany.

Climatology—L. B. Waldo, M. D., Oswego; S. D. Hand, M. D., Binghamton; C. A. Church, M. D., Norwich; H. N. Avery, M. D., Poughkeepsie.

Vital Statistics—E. M. Kellogg, M.D., New York.

Vaccination—F. L. Vincent, M. D., Troy; F. W. Ingalls, M. D., Kingston; M. W. Campbell, M. D., Troy.

Medical Education—J. F. Gray, M. D., New York; J. W. Dowling, M. D., New York.

Medical Societies and Institutions—H. M. Paine, M. D., Albany.

DELEGATES

Delegates to American Institute—Drs. E. M. Kellogg, T. F. Smith, E. P. K. Smith, B. F. Cornell, R. S. Bishop, A. T. Bull and C. Sumner.

Delegates to Connecticut Medical Society—Drs. Theo. Quick, New York; H. M. Paine, Albany; F. L. Vincent, Troy.

Delegates to Illinois Medical Society—Drs. W. H. Watson, Utica; E. M. Kellogg, New York; E. D. Jones, Albany.

Delegates to Indiana Medical Society—Drs. E. G. Cook, Buffalo; J. W. Cox, Albany; H. Schwitz, Schenectady.

Delegates to Iowa Medical Society—Drs. W S. Purdy, Corning; J. F. McKown, Albany; N. Hunting, Albany.

Delegates to Kansas Medical Society—Drs. J. H. Demarest, New York; Thomas J. Petit, Fort Plain; F. W. Ingalls, Kingston.

Delegates to Maine Medical Society—Drs. T. L. Brown, Binghamton; P. W. Mull, Ghent; B. Lansing, Rhinebeck.

Delegates to Massachusetts Medical Society— Drs. H. D. Paine, New York; T. Franklin Smith, New York; Charles A. Church, Norwich.

Delegates to Michigan Medical Society—Drs. E. B. Holmes, Canandaigua; R. E. Miller, Oxford; B. M. Lawrence, Port Jervis.

Delegates to Minnesota Medical Society—Drs. T. F. Bishop, Lockport; D. W. Vanderburgh, Ilion; Wm. Tod Helmuth, New York.

Delegates to Missouri Medical Society—Drs. N. Getman, Richfield Springs; C. H. Adams, Canastota; A. E. Wallace, Oneida.

Delegates to New Hampshire Medical Society—Drs. H. A. Houghton, Keeseville; N. R. Seely, Elmira; Ira W. Owens, Sherburne.

Delegates to New Jersey Medical Society—Drs. H. M. Smith, New York; J. R. White, New York; J. W. Dowling, New York.

Delegates to Ohio Medical Society—Drs. E. P. K. Smith, Auburn; R. S. Bishop, Lockport; E. M. Kellogg, New York.

Delegates to Pennsylvania Medical Society—Drs. S. D. Hand, Binghamton; H. Sayles, Elmira; A. P. Hollett, Havana.

Delegates to Rhode Island Medical Society—Drs. W. H. Randel, Albany; E. S. Coburn, Troy; H. Willis, Brooklyn.

Delegates to Vermont Medical Society—Drs. H A. Houghton, Keeseville; E. C. Lowe, Plattsburgh; E. C. Bass, Cazenovia.

Delegates to Wisconsin Medical Society—Drs. A. T. Bull, Buffalo; G. W. Peer, Rochester; W. S. Searle, Brooklyn.

The semi-annual meeting of the society was appointed to be held in Brooklyn, on the second Tuesday in September.

On motion, a committee was appointed to draft resolutions expressive of the appreciation of the services rendered by the retiring Secretary, Dr. Paine, which motion was afterward amended, providing for engrossing the resolutions.

A committee was also appointed to collect and refund to Dr. Paine, the amount he has advanced in the interests of the society.

The secretary read a number of letters from honorary members regretting their inability to attend the annual meeting of the society; also letters from the secretaries of other state homœopathic medical societies.

After the adoption of a resolution of thanks to the retiring officers, to the officiating clergyman, the Mayor and Board of Supervisors for the use of the room, and the Legislature for the use of the Assembly Chamber, the society adjourned.

The meeting was well attended, upward of a hundred members being present, representing the several county societies in all parts of the State. There was present a greater number than usual of the members in middle age—those who are actively engaged in practice. The tenor of the papers read were short and eminently practical rather than theoretical. The meeting proved one of the most interesting, harmonious and instructive ever held by the society.

F. L. VINCENT, *Rec. Secretary.*

NEW YORK MEDICAL SCIENCE ASSOCIATION.

THE annual meeting of the New York Medical Science Association was held at Dr. Minor's, Jan. 14.

The following physicians were elected officers for the ensuing year: Dr. Egbert Guernsey, President; Dr. L. Hallock, Vice-President; Dr. W. N Guernsey, Recording Secretary; Dr. Doughty, Corresponding Secretary; Dr. Freeman, Treasurer; Dr. Minor, Librarian. The treasurer presented his report for the year, which showed a surplus in the treasury. The librarian reported that several contributions had been made to the pathological department. He also said that the society were promised a large donation of books for their library.

The Medical Science Association held their next monthly meeting on Feb. 11th.

Dr. Minor mentioned the case of ovariotomy, reported in the second number of the MEDICAL UNION, and presented the cyst to the pathological department. He operated on the 6th of November, and in his report in the UNION, on Jan. 18th, says: "One ligature still remains, although the patient is in perfect health, and able to work as well as ever." The complete separation did not occur until three months after the operation.

In an answer to a question, Dr. Minor said he preferred ligating the pedicle to either torsion or the clamp. He uses strong silk ligatures, and thinks they do not act as foreign bodies in the peritoneal cavity as the advocates of torsion claim.

Dr. Blumenthal reported a case of retained and attached placenta having been successfully treated by the injection of the umbilical cord. His method is to incise the cord into the vein, and to inject through it, to the placenta, a couple of ounces of water. It was easy of accomplishment, and speedy and effective in its action.

Dr. W. N. Guernsey said, that although he was cognizant of this method of removing retained placentas, he had never tried it, as he thought it might not be entirely void of danger. He thought that the water might be injected with such force as to lacerate the walls of the vessels, so that air might gain entry into the maternal sinuses of the placenta, and thence be rapidly carried to the heart, and cause sudden death. Pressure and friction over the fundus uteri, if persistently applied, usually sufficed to stimulate sufficient contraction to expel a retained placenta.

Carl Rokitansky said, that in several thousand midwifery cases, occurring in the Vienna Hospital, it was necessary only four times to introduce the hand within the uterine cavity to peel off the placenta, and thus detach it.

Drs. Guernsey and Blumenthal narrated cases of sudden death during the puerperal state, which were supposed to be due to embolism.

Dr. Ellis, in some remarks upon the use of alcoholic stimulants in fevers, said that in his experience they were the most beneficial in the early stages. Then they would feed the system, nourish the brain, thus calming the delirium, and producing sleep. Later on, the nervous system had undergone two great chemical changes; it was too much depressed and exhausted to be repaired by alcoholic stimulus. Now, he thought it irritated, depressed and paralyzed. In this stage he relied upon the stimulus of easily-digested food given at short intervals, and upon Arsenicum.

Dr. Blumenthal commended highly Tokay wine as an alcoholic stimulant. He said it took the place of food more fully than any other wine. Dr. Liebold spoke of its being the only wine which contains phosphorus. Dr. W. N. Guernsey considered it extremely valuable in cholera infantum, and in the chronic intestinal catarrh of children.

Dr. Liebold reported cases of nevus on the eyelids, which he had treated by tearing and rupturing the blood vessels.

He places an instrument underneath the eye-lid, upon which pressure is to be made, and with another instrument presses firmly upon the lid, moving it to and fro, over the substance beneath. Thus a portion of the vessels are lacerated, and adhesive in-

flammation, and eventually absorption takes place. If the nevus is large, he only operates upon a small portion of it at one time.

He was led to think of this method while treating an extensive nevus on the upper eye-lid, which had returned after all the usual treatment had been used. Determined not to be baffled, he originated this form of treatment, which was entirely successful. Since, he had tried it in several cases, and in all with favorable results.

W. N. GUERNSEY, *Recording Secretary.*

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE Medical Society of the State of New York met February 4th, 1873, in the public hall Perry Building, at Albany. The meeting was called to order by the President, Dr. C. R. Agnew, of New York. Prayer by the Rev. Dr. Clark, after which the President read his inaugural address.

The spirit of the whole address seems to be liberal. He says: "We cannot be unconscious of a struggle that is being waged. A struggle between conservatives on the side of a classical and literary education and a class of reformers ardently in favor of a more purely scientific and utilitarian scheme. Nor can we fail to see that a middle party is forming, both in this country and in Great Britain, which is engaged essentially in the work of reconciling the contestants, so that we may have the classics preserved in their proper place and the sciences better taught and better learned, because taught and learned by those who shall have had their minds regularly opened and invigorated by sufficient and skillfully-arranged classical and scientific courses. We hear on all sides that we need a higher tone in our medical schools, and that doctors are going up and down in society whose medical sheep-skins do not cover or indicate their true character. No one will deny that the more disciplined minds we have in our profession the better.

"When Harvey published his theory of the circulation of the blood his practice fell off, and the medical profession stigmatized him as a fool. 'The few good things I have been able to do,' said John Hunter, 'have been accomplished with the greatest opposition.' Sir Charles Bell, while employed in his important investigations as to the nervous system, which issued in one of the greatest of physiological discoveries, wrote to a friend: 'If I were not so poor, and had not so many vexations to encounter, how happy would I be.' But he himself observed that his practice quickly fell off after the publication of each successive stage of his discovery."

He recommends: "1st. To encourage those to enter our medical schools who shall have passed honorably through a reputable academic college.

"2d. To broaden and make more thorough within the schools the work in the institutes of medicine, anatomy, physiology and chemistry.

"3d. To create post graduate courses or fellowships for those who have proved themselves able and willing to search for the truth in any subject connected with the science and art of medicine, and to ensure to such laborers an adequate living so long as competent official observers recognize their industry, not to say their success."

But the best point of the whole address seems to us to be his recommendation in regard to the tendency which exists to modify the code of Ethics and the recommendation that all such questions be impartially discussed although they may be unpleasant. The address was well written and well received, and reflects credit upon the President and the society.

The Committee on the President's Address consisted of Drs. Vanderpoel, J. P. Gray, Ernst Krackowizer. This committee reported in favor—

1st. Of constructing a State Hospital for epileptics.

2d. *Of the appointment by the Board of Regents of the University of the State of New York of a Board of Examiners according to an act passed by the last Legislature.*

3d. Directing the Secretary to urge upon county societies the formation of a committee on hygiene.

4th. *Recommending a Committee of Conference with other State Societies with a view to improving the American Medical Association.*

A large number of papers were presented of more or less value and referred to the Publishing Committee. The time of holding the annual meeting was changed to the month of September, and after the appointment of the usual committees and a few words of farewell by the President, the society adjourned.

News Items.

BOSTON.—The mortality of Boston in 1872 exceeded that of 1871 by 37 per cent. Excluding small-pox, the excess was 25 per cent.

SCAMMON HOSPITAL OF CHICAGO.—The ball given by the Ladies' Aid Society, for the benefit of this hospital, realized $600, net.

CHICAGO HOMŒOPATHIC HOSPITAL.—The national banks of Chicago have given $1000 for the use of this hospital.

"HYGIENE," a magazine devoted to the discussion of sanitary topics, has appeared. It is published twice a month, is impersonal in editorship, and hails from No. 46 East 14th street. Its appearance is neat, and its articles brief, but pertinent.

A NEW JOURNAL is also announced to be published monthly, in the interests of the N. Y. Homœopathic Medical College.

A NEW MAGAZINE devoted to the interests of Sanitary Science, in its broadest aspects, is announced by circular. The Sanitarian, as it is to be called, is to be edited by Dr. A. N. Bell, of Brooklyn, N.Y., and published monthly by Messrs. A. S. Barnes & Co., of this city. Dr. Bell's experience as one of the Quarantine Commission, and in the U. S. Navy, together with his extensive knowledge in all that pertains to sanitary subjects, render him peculiarly fitted for undertaking such a work

BELLEVUE HOSPITAL MEDICAL COLLEGE.—This institution held its twelfth annual commencement Thursday Evening, Feb. 27th, at the Academy of Music. The address to the graduates was given by the Hon. John R. Brady, and the valedictory address by Dr. John R. Kinney, of Hawaii, Sandwich Islands. The graduating class numbers 167 members.

COLLEGE OF PHYSICIANS AND SURGEONS.—This, the oldest of our New York medical colleges, held its sixty-sixth annual commencement, Thursday evening, Feb. 27th, at Steinway Hall. The graduating class numbers 104 members. The address to the graduates was given by the Rev. Dr. Henry E. Potter, and the valedictory address by Dr. Charles Kelsey.

ALBANY CITY DISPENSARY.—The trustees of the Albany City Dispensary have purchased the three story brick building No. 75 Division street, the first door east of South Pearl street, to be used for a dispensary and also for the establishment of a homœopathic hospital. The location is central and easy of access. The building is in excellent repair and will afford hospital accommodation for from twelve to fifteen patients at one time.

THE WOMAN'S HOSPITAL.—219 Patients were admitted to this hospital last year, 676 treated at their homes, and 2,237 in the dispensary; total, 3,132. The number of patients in the hospital exceeded those of any previous year. Donations have been received of $5,000 from Anna J. Steel; $500 from Dr. R. J. Dodd, and $8,000 in the name of his deceased wife, for the endowment of a training school for nurses in connection with the hospital.

THE ROYAL HUMANE SOCIETY of London has presented a gold medal and a vote of thanks to Capt. Mouland of the Cunard Steamer Batavia, for the rescue of the officers and crew of the bark Charles Ward, wrecked at sea. The other officers and the seamen of the rescue party also received a reward in money and the thanks of the society. The Cunard Company has also rewarded the seamen and promoted the officers.

BELLEVUE HOSPITAL.—The official statistics of the Bellevue Hospital for the year ending February 1, are: Outdoor poor (Bureau of Outdoor Relief), 67,988; Number of prescriptions issued, 80,637; Increase of patients over last year's number, 2,149; Increase of prescriptions over last year's, 8,468; Number of ambulance cases for the year, 1,478; Police cases, 462; Coroners' cases, 463; Deaths, 1,142; Number of Patients in hospital at the close of this year, 659; Number of admissions for the year, 6,324; Births, 414; Total number treated, 1,327; Sunstrokes, 107; Obstetrical cases, 454.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—At the commencement of this institution, Thursday evening, Feb. 27, at Association Hall, the following gentlemen received the degree of doctor of medicine. Jas. E. Anderson, R. Heber Bedell, W. W. Bennett, Frederick H. Bradner, Charles R. Brown, W. H. Brown, Jas. H. Buffum, Chas. E. Chase, L. W. Cole, C. M. Conant, Wm L. Fleming, John F Griffin, Aaron H. Hasbrouck, Dexter Hitchcock, Barker C. Howland, Dwight B. Hunt, Chas. E. Jones, Asa W. Jaynes, Geo. W. Lawrence, Chas. A. Libby, S. Corwin Osborne, Henry D. Ostrom, George W. Richardson, Francis R. Schmucker, Daniel Simmons. Theo. V. Smith, Geo. Tytler, Milton A. Wilson, Burdett Warren, Henry Waters, F. G Welch, Howard A. Worley, Wm. H Krause, Wesley B. Perkins, Geo. B. Ross.

The address to the graduates was given by Prof. T. F. Allen, and the valedictory address by Dr. Dwight B. Hunt. A gold medal was awarded to Dr. Dexter A Hitchcock for discoveries in materia medica.

UNIVERSITY MEDICAL COLLEGE.—Owing to the energetic and unwearied efforts of the Chancellor of the University, Rev. Dr. Howard Crosby, the Academic department of that institution has recently been organized on a free basis. It was a favorite idea of the founder and first Chancellor of the University, Rev. Dr. Matthews, that in time the institution would not only be free in all of its departments, but would occupy a position worthy the wealth, the culture and science of the Metropolitan City. A movement is now on foot to make the medical department of the University free; and the faculty entertain strong hopes that soon the institution will be sufficiently endowed to enable them to throw open its doors, free of charge, to all who wish to avail themselves of its privileges. At the commencement, on the 20th inst., we noticed the valedictorian of the class was Dr. Clarence E. Beebe, a student from the office of Dr. Guernsey. The address was an unusually scholarly and finished performance, and spoke well for the literary and scientific culture of the class. The Budd prize, considered the highest in the class, was awarded to Dr. R. A. Murray. All who pass the professors' examination without missing a question, are entitled to compete for this prize before a committee of five physicians. There were five competitors, the examination lasting over two hours and a-half, and covering the fields of obstetrics and gynæcology. In the vote of the committee three were for Dr. Murray, and two for Dr. James B. Gilbert. Dr. Gilbert was a student in the office of Dr. Guernsey, and leaves in a short time for Europe to continue his studies in the hospitals of Berlin and Vienna.

MEDICAL DEGREES.—The Legislature of New York passed a law, May 16th, 1872, relating to the examination of students for the degree of Doctor in Medicine. As the law is an important one, and its provisions have not been generally fully understood by the profession, we publish a copy of it entire. The Homœopathic Board has been organized with the following members: Drs. John F. Gray, Millard and McVickar, New York City; Searle, Brooklyn; H. M. Paine, Albany; Watson, Utica; Munger, Waterville; Vincent, Troy; and Avery, of Poughkeepsie.

§ 1. The regents of the University of the State of New York shall appoint one or more boards of examiners in medicine, each board to consist of not less than seven members, who shall have been licensed to practice physic and surgery in this State.

§ 2. Such examiners shall faithfully examine all candidates referred to them for that purpose by the chancellor of said university, and furnish him a detailed report in writing of all the questions and answers of each examination, together with a separate written opinion of each examiner as to the acquirements and merits of the candidates in each case.

§ 3. Such examinations shall be in anatomy, physiology, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery, and in therapeutics, according to each of the systems of practice represented by the several medical societies of this State.

§ 4. The said reports of examinations, and the annexed opinions of the examiners, shall forever be a part of the public records of the said university, and the orders of the chancellor addressed to the examiners, together with the action of the regents in each case, shall accompany the same.

§ 5. Any person over twenty-one years of age, of good moral character, and paying not less than

thirty-five dollars into the treasury of the university, and on applying to the chancellor for the aforesaid examination, shall receive an order to that effect, addressed to one of the boards of examiners, provided he shall adduce proofs satisfactory to the chancellor, that he or she has a competent knowledge of all the branches of learning taught in the common schools of this State, and of the Latin language, and that he has diligently studied medicine, not less than three years, under the direction of one or more physicians duly qualified to practice medicine, or has himself been licensed, on examination, by some medical society or college legally empowered to issue licenses or degrees in medicine.

§ 6. The regents of the university, on receiving the aforesaid reports of the examiners, and on finding that not less than five members of a board have voted in favor of a candidate, shall issue to him or her a diploma, conferring the degree of Doctor of Medicine of the University of the State of New York; which degree shall be a license to practice physic and surgery.

§ 7. The candidate, on receiving such diploma, shall pay to the university the further sum of not less than ten dollars.

§ 8. The moneys paid to the university, as aforesaid, shall be appropriated by the regents for the expenses of executing the provisions of this act.

§ 9. The regents may establish such rules and regulations from time to time, as they may deem necessary to insure the faithful execution of the provisions of this act.

This act shall take effect immediately.

BROOKLYN HOMŒOPATHIC HOSPITAL.—This institution was formally opened on the 13th of February, and dedicated to the service of the sick by the Bishop of Long Island. The following description is from the Journal of Commerce: The building stands on a slight elevation on the east side of Cumberland street, about 150 feet north of Myrtle avenue. To those who have visited other hospitals in Europe and America, the appearance of this will be an agreeable surprise. Its exterior resembles the private residence of an opulent citizen. Grand old shade-trees line the front carriageway, and a granite wall covers the flower garden from the street. Passing up a short flight of stone steps, the visitor reaches a broad flagged pathway, on either side of which stretch the curious box-bordered paths laid out by some English gardener around the flower-beds. The path through the garden, 75 by 60 feet, leads to the wide brownstone steps that approach the main doorway. The building is of brick, three stories high, tinted in light yellow, relieved with brown at the windows and cornice. At the rear is a covered piazza, and beyond it is a mortuary. Touching a bell, the front door is opened by a servant, and the visitor enters a broad hall. It seems to be yet the residence of a gentleman of culture. On the right is a parlor neatly upholstered, the room of the Board of Trustees. On a bracket against the wall, is a bust of Hahnemann. Paintings and architectural designs have prominent places. Here all of the executive business is done. Crossing the hall to the left is the pharmacy of the house. On many shelves are the drugs which are to work out into fact the theorem "*similia similibus curantur.*" At the end of the hall is a door opening to a long, broad room taking the space behind the trustees' room and the pharmacy, and known as the "surgical ward." Even here the ghastly associations of the room are mollified by the superb collection of rare ferns and flowers at each end of the room, kept under glass shades that the air may not be vitiated. At the eastern centre of this room is a door to receive patients brought by carriages or ambulances and entering the grounds from Carleton avenue, or the rear of the hospital. At the south end of the room is an elevator on which the wounded can be raised to the wards in the upper stories without suffering additional pain. Here also are well-arranged baths, with hot and cold water, linen closets, lavatories and other accommodations. Opening to the east of the surgical room is a broad, well-lighted, covered piazza for the convalescents. The view from the casements is enlivened by stately trees and the flowers of a luxuriant garden. To the left, opening from the surgical room, is that necessary adjunct, an operating room, with stations for students. On the same floor adjoining the operating and the pharmacy, is the female surgical ward, capable of accommodating eight beds. Each ward is furnished with lavatories, water-closets and baths. The broad staircase leading to the second floor introduces the visitor to another department of the institution. There is the female medical ward, with its clean linen, warm blankets, its bright gaslight, marble basins, and dumb-waiter to bring food from the kitchen and medicines from the pharmacy. The male medical ward, on the same floor, has similar accommodations; each ward having full light on two or three sides. The thoughtful kindness of the designers of this charity has devised coloring the walls with a pleasing shade of very light blue, thus avoiding that horror of modern hospitals, deathly white walls. Pictures will be contributed to give pleasant occupation for the attention of the sick. In the north wing of the building are rooms, elegantly furnished, for the use of those who may be taken sick, far from friends, or for those who have no homes but boarding houses, where they are left to themselves in sickness, and who can well afford the means to remunerate the institution for the benefits it confers. With this section is connected a private staircase, by which friends can visit patients without passing through the other wards. The upper floors are arranged on a plan similar to that of the second floor. At the close of the religious services the guests adjourned to the dispensary of the hospital, where a bountiful collation had been provided for them. After the good things had been discussed, congratulatory speeches were made, and four thousand dollars subscribed to the building fund. The medical and surgical staff for the first year are as follows: *Medical Director*, A. E. Sumner, M. D; *Surgeons*, W. L. Fiske, M. D., H. Willis, M. D., A. Varona, M. D.; *Physicians*, R. C. Moffat, M. D., W. S. Searle, M. D., E. J. Whitney, M. D., W. B. Garside, M. D., Geo. Bowen, M. D., S. E. Stiles, M.D., Edwin Minor, M. D.

ERRATA.—In printing Dr. Whitney's paper on Laryngeal Phthisis on p. 9 of the UNION, several errors were made, the correction of which was received too late for last month's issue.

On p. 9, column 1, line 64, read "*cartilages* of Wrisberg and *capituli* Santorini."

Col. 1, last line, "*over*" instead of "on."

Column 2, line 2, "*fade* into" instead of "fall"; also in line 44 read "most subject to attack" omitting "*an*"; p. 10, col. 1, line 20, omit "*are*."

Original Articles.

ALCOHOLIC STIMULANTS.

By Egbert Guernsey, M. D.

The report of the Chief of Police in Boston, gives the percentage of persons charged with crime in each of the two great foreign nationalities of that city. The result is as follows: Irish population, 56,900; German population, 5,606. Irish prisoners, 14,673; German prisoners, 364. The percentage of prisoners then, according to the population, is Irish, 25.78; German, 6.49. This difference is partly explained by the liquor consumed by the two nationalities. The strong drink of the Irishman contains from forty-five to fifty per cent. of alcohol. The favorite drink of the German is lager beer, holding only about five per cent. of alcohol. It is easy then to understand why crime growing out of intoxication is more common among the Irish, if we accept as true, the statement often made that the percentage of crime increases in proportion to the amount of strong drink consumed.

The question is a pertinent one for us as a profession to consider, the effects of alcohol upon the human system as a stimulant and as a narcotic; as a curative agent, contributing to physical health and intellectual vigor, and as a pernicious poison sowing the seeds of disease, crime and death.

Alcohol is classed among the neurotics, having an action, first as a stimulant, second, in large doses, as a narcotic. It is now pretty well settled, that the desire for strong alcoholic stimulants increases in a direct ratio to the temperature, and its fatality is more marked in a dry atmosphere. In the colder climates the desire is for strong alcoholic stimulants, while in the warmer climates the system craves the lighter stimulants of coffee, tea, etc. In the humid atmosphere of England all forms of alcoholic stimulants can be taken with less danger to the constitution than in the dry and bracing atmosphere of the northern portions of our own continent; within the isothermal lines of 77° Fahr. north, and south of the equatorial line of 82° Fahr., the desire for stimulants is said to be 0; and there is no intemperance from the use of alcoholic drinks. North and south of this space, or between 77 and 50° the grape vine grows to perfection and light wines are the beverage common to all classes. Here intemperance is rare and branded as a crime whenever it does occur. Northward, and perhaps southward of the line of 51° the grape vine grows less luxuriantly, and gives an inferior yield as well as quality of wine. This is the region of ardent spirit-drinkers—Russian, Scandinavian, Anglo-Saxon, and Celtic of Great Britain. Ceylon alone, of the lands south of 50°, is a spirit-drinking country. According to this law, the hotter the country the less the desire for ardent spirits. Hence the ravages of alcohol are confined more particularly to the colder and more temperate regions. A slight examination of alcohol as a narcotic, its depressing and poisonous influence on the human system will be sufficient to show that the stronger forms of alcoholic liquors, such as brandy, whiskey, rum and gin, should never be used except with extreme care and only as a medicine.

Dissect down to a living nerve and surround it with alcohol of a certain strength, as has often been done, and we find it becomes paralyzed at that point and therefore incapable of transmitting impressions. Dilute the alcohol largely with water and the paralyzing action of the poison is less apparent. If then an animal absorbs into its circulation, a large quantity of alcohol within a given time, the nervous centres become more or less paralyzed. In addition to this, physiological researches have shown that the presence of a large quantity of alcohol in the blood interferes materially with its absorption of oxygen. Thus the integrity of the nervous system is only sustained in proportion to the rapidity with which the poison is eliminated through the lungs, the kidneys and the skin. In moist climates this would be more rapid than in a dry and bracing atmosphere.

Alcohol, in doses capable of producing drunkenness, has been demonstrated to be a true narcotic poison, of the same class as the Anesthetics, Chloroform and Sulphuric Ether. Given in large doses, it produces a suspension of nervous activity, a paralysis more or less marked. This, combined with the deficiency in vital power so common in chronic drinkers, accounts for the great nervous debility we see in the delirious crisis. Alcohol is easily absorbed into the system, and given in small doses in weak and exhausted systems when there is a deficiency of vital action, it acts as a healthy stimulus, toning up the arterial and nervous systems, brightening the faculties and improving the digestion. When properly timed and given only in doses just sufficient to gently stimulate, we get only its homœopathic or tonic action, and never experience that depressing reaction which is sure to follow the stronger or more narcotic doses.

This is demonstrated by the Sphygmograph of M. Marcy, which carefully registers every pulse wave, showing the arterial tonicity present. Applying this test we find that the small vessels, relaxed from fatigue, are brought up by a small dose of alcohol to a healthy action from which there is no recoil. If the dose has been large, or given when the system did not require it, the Sphygmograph, measuring carefully the pulse waves, shows an arterial relaxation, and at the same time an accelerated pulse. If the dose has been sufficiently large, symptoms of a paralytic nature are speedily observed, confined at first to the spinal and the fifth cranial nerves, and shown in the weakness of the muscles of the extremities, and the numbness of the lips. Steadily the narcotic influence marches up to the cerebral hemisphere, and now comes the intellectual confusion and the thickness of speech, the delirium, the coma, and, if the system has been brought completely under the influence of the poison, the paralysis of the medulla oblongata and cardiac nerves, and death. Usually the rapid elimination of the poison from the system gives the nervous system time to partially react before it is completely paralyzed in its action. Notwithstanding a large portion of the alcohol is eliminated from the body in an unchanged form, yet we have every reason to believe that a portion of it is converted into the intermediate compounds, between alcohol on the one side and carbonic acid and water on the other, which would represent the stages of transformation of the former into the latter, thereby acting to a greater or less extent, when given at proper times and in proper quantities, in its various chemical transformations and combinations as food. Of this point we shall

speak farther on when we treat of the action of alcoholic compounds as stimulants merely, promoting health and comfort.

From what has already been said it is apparent that alcohol should never be used as a narcotic. It is full of danger, and is always followed by an unhealthy reaction. There are other narcotics and anesthetics by means of which we can obtain partial or entire insensibility with but very little danger or after unpleasant results.

It is very easy to see how the long-continued use of a narcotic capable of producing such powerful effects upon the nervous system, paralyzing to a greater or less extent its action, impairing the vital force by cutting off a portion of the nervous fluid necessary to produce digestion, must, in time, produce a condition of the mind and body which amounts to positive disease. The nervous system is starved because it cannot take in through the process of digestion the necessary amount of healthy nutrition. The mind loses its true sensibility and is no longer capable of performing its healthy functions, and sooner or later, in proportion as the nervous system is kept under the influence of alcoholic narcotics, becomes more or less incapable of self-control. The whole nervous system is impaired and the keen sensibility of the mind blunted to such an extent that he feels himself powerless to reform. The craving of the diseased system for its accustomed narcotic is more powerful than the power of the mind to resist. When the disease has reached this stage, there is but one remedy, one plan only which holds out any hope of permanent cure; and that is, place him where it will be utterly impossible to obtain alcoholic stimulants, until the nervous organism can have time to get back its healthy tone, and the mind again asserts its old supremacy. Any inebriate asylum which relies for a cure upon surrounding the patient with healthy moral influences, relying upon his honor to abstain from drink, must in this class of cases (for which asylums are most needed) be a failure. Are the moral influences of an asylum better than those of wife, and children, and parents, and friends? Are its comforts more than those of home? Nearly all our inebriate asylums recognize the power of the patient to abstain from alcohol. They surround him with healthy, moral influences, and then place him upon his honor. They fail to recognize the fact that those for whom asylums are the one great remedy which hold out any hope of permanent cure, are beyond the voice of honor. They are mentally and physically diseased, incapable of self-control. You may as well talk of honor to the maniac. The one cannot reason correctly—he is a prey to the wildest illusions and fancies. The other finds his will too weak to follow his convictions, and often contrary to his reason, in spite even of his earnest struggles he is swept along by an influence he has no power to withstand.

We pass now to the consideration of alcohol as a stimulant, as a reliever of pain, and a supporter of life. Every one will admit the claim of oxygen to a place as a stimulant of the first rank. It relieves pain, calms an excited circulation, soothes the brain and promotes local nutrition. Compare the child brought up in the close and crowded alley of a great city with one who is permitted to roam over the breezy hills and by the sea-side. In the one case, we see a pale and sickly complexion, and often an emaciated form; in the other, cheeks ruddy with health and a form full of muscular activity and strength. One has had the stimulating effects of oxygen, the other has been deprived of it. All artificial means are weak and uncertain in their operations when compared with this great natural stimulus of life; but when we get any useful effect from our medicinal stimulants, we get the same quiet and perfect action of the vital functions, the whole physical structure moving on in all its parts, without undue waste or excessive growth, without hurry and without pain. Upon the condition of the system depends the kind of stimulant to be used, and used only until the harmony of the system is established and it is capable of performing its functions. The real healthy life of an organism consists not in the rapidity of tissue change, nor development of heat or any other force, except so far as they minister to its preservation. The old idea that stimulants are followed by depression, is an erroneous one. When depression and confusion of intellect follow what was intended as a mere stimulant, it is convincing proof that it has been pushed too far and we have obtained its narcotic action.

We plead, not for the habitual use of alcoholic stimulants, but for their judicious use; when the wasting energies of the system need some aid, not supplied by ordinary food, to spur into activity the enfeebled organism given in these conditions, they aid digestion and thereby facilitate the introduction of nutrition into the system, and by harmonizing and strengthening the circulation contribute to physical health and mental strength.

In all cases where alcoholic stimulants are prescribed in sickness and in enfeebled constitutions, the condition of the system should be carefully studied as well as the chemical combination of the stimulant; and in no case should it be pushed to narcosis, or even to a point where it is followed by unpleasant reaction. We give it to soothe and harmonize the vital powers and to support the strength. Pushed beyond this point we produce positive harm.

We have only to look carefully at the chemical analysis of wines to see how rich they are in the very elements of life, and to be convinced that under certain circumstances they promote nutrition by conveying into the system those peculiar elements of food which it needs to carry on the functions of life, and which the organism, enfeebled by sickness or overwork, has lost the power to assimilate from ordinary food.

Besides water, which forms the largest percentage of grape juice, we find as its constituents, sugar, Gelatine, or Pectine Gum, fatty matter, Wax, Albumen, Gluten and Tartaric Acid, both free and combined with Potash, Soda and Lime; while generally, or in certain cases, small quantities also are present of Racomic, Malic, and perhaps Citric Acid, Alumina, Oxides of Manganese and Iron, Sulphates of Potash, Soda and Lime, Phosphates of Lime and Magnesia, and probably Silica. In the skins we have, besides coloring matter, Tannic Acid. The solid matter of the juice in very ripe grapes may amount to forty per cent. The sugar ranges from thirteen to thirty per cent. of the weight of the juice. In the process of fermentation a portion of the sugar is converted into the products of alcohol, which mostly remains in the liquid, and Carbonic Acid, which usually escapes.

Thus we see we have in wines the very nutrition of the soil, those constituents which go to make up nerve

and blood and bone and tissues; under the action of light and heat, and air and water, the vines take out from the soil the very elements of life, and fit them for our use. Of course, wines are more or less stimulating in proportion to the amount of alcohol they contain, but strong alcoholic wines, notwithstanding they may contain a large amount of nutritive matter, should be used with extreme caution on account of the danger of producing the narcotic effects of the alcohol. Of the foreign wines, Port is the richest in alcohol, containing (according to Brande), from 19 to 23 per cent. Madeira ranks next, containing from 17 to 22 per cent., while the red French wines contain only from 7 to 14 per cent. Good Bordeaux contains 9, 10 and 11 per cent. of alcohol; Champagne, from 10 to 11 per cent., and Rhine wine from 6 to 12—generally from 9 to 10 per cent. A large variety of the most delicate wines of Italy cannot be imported on account of the small amount of alcohol they contain. These wines, exceedingly delicate in flavor, and often rich in nutritious matter, must be drank in the country where they are grown. To many of the foreign wines, alcohol, in greater or less proportion, is added to fit them for our market; and this is one reason why they cannot be drank here with the same freedom and the same beneficial results as on the soil where they are grown. To all wines exported from the Continent into England, is added more or less brandy, not Cognac, but corn, fig and sugar-brandy. Thus the Rhine wines receive an addition of 2.5; the French, 4.7; the Spanish and Port wines, 8.15 per cent. of alcohol; and to that exported to this country the percentage is much greater.

Those countries in Europe which produce the largest amount of wine are the most free from intemperance. In Hungary there are land owners who produce yearly from 1,000 to 20,000 hogsheads of wine. Beautiful and enormous cellars cut in rocky mountains, widely extend their ramifications like labyrinths or catacombs, where the wines are ranged year after year. It is a kind of aristocratic and family glory to have a full and rich cellar. And yet in Hungary, there is but very little intemperance—infinitely less than in England or in our own country. In the island of Madeira, while the vineyards were in full bearing, a drunkard could scarcely be found; but in the process of time, as the vineyards were destroyed by disease and strong liquors were introduced, intemperance increased to a frightful extent. In our own country the true apostles of temperance are those who plant vineyards, and bring to a high state of perfection the native wines to be drank on our own soil. Once crowd out the strong alcoholic drinks and substitute in their places the light lager, cider, and the native wines made from the grape, elderberry, blackberry, and other fruits growing on our own land, and we not only strike a death-blow to alcoholic intemperance, but increase the ratio of health and almost eradicate certain forms of disease so common and fatal in our own climate. The bilious dysenteries, diarrhœas and fevers, the rheumatism and gastric disturbances, produced often by the capillaries being clogged up with half-burnt carbon and its chemical changes, would be sensibly reduced in violence and frequency if the hepatic viscera and the blood were kept in a more natural condition by the free use of the ripe acid fruits and their juices which an all-wise Providence has placed at our doors. Many an attack of autumnal diarrhœa and other serious troubles coming on after or during the heat of summer, I have cured with nothing but the acid wines. In New England, rheumatic troubles were much less common before the temperance mania swept like wild-fire over the country than at present. Orchards were allowed to die out, and old men, who all their lives had been accustomed to the healthy and needful stimulus of the juices of their own fruits, religiously abstained from them. Legislation which fosters the growth of wines, so that they can be placed in their purity so cheap as to come within the reach of all, is much wiser than that short-sighted policy which places the ban of the law upon all alcoholic liquors.

No country in the world is better adapted to the growth of wines than our own; and this branch of industry, although in its infancy, is already giving us magnificent results. Some of the wines of our own country are now equal, if not superior, to the same grades imported from Europe. Port, grown in California, is superior in purity and nutritive qualities to any other variety we can obtain. It is almost impossible to obtain a pure foreign Port, except from some old wine cellars; and if the California Port has a somewhat raw taste, owing to its newness, we can vouch for its purity and be sure of its improving by age. The clarets and hocks, and still and sparkling wines, which come to us not only from California, but in vast quantities from the immense wine cellars of Cincinnati and Missouri, the islands in our great lakes, and from various places in our own State are some of them equal in flavor, and better adapted to our own needs than those which are imported. As our wine growers become more familiar with the most improved processes of culture and manufacture, this country, in this department, will rank second to none in the world, thereby enhancing the national wealth as well as health.

It would be difficult now to find wines of richer flavor or better quality than some of those which come to us from Pleasant Valley, and Hammonds Port, while the sparkling wines of the Urbana Co. are equal to the best foreign champagnes.

Of all the European countries, Italy shows the highest yield to the acre, and yet even that country does not come up to the California yield, within 100 per cent. Within the boundaries of California alone, are 5,000,000 acres of land well adapted to the grape culture; and in the sunny valleys in the central part of our own State, and all through the middle States and the great West, the soil and climate are well adapted to the growth of almost every variety of wine.

We look forward then to the no distant day when the judicious use among the people of the juices extracted from the fruits grown upon our own soil will crowd out the stronger forms of alcoholic stimulants, reduce the amount of crime, check the ravages of disease, and make our people purer, healthier and stronger, physically and intellectually.

Cure of Fistula Without The Knife.—Dr. Hute cures fistula by injecting the etherial tincture of Iodine. The ether evaporating rapidly, leaves the walls of the fistula in contact with the pure Iodine. There is scarcely any reaction and the patient need not stay in bed.

Prussian vital statistics show an average of 4.6 births to every marriage.

THE TREATMENT OF SKIN DISEASES SURGICALLY CONSIDERED.*

By William N. Guernsey, M. D.

Much, of late years, has been written concerning diseases of the skin; too much, one might say, as many investigators in their desire to be thorough in their researches, have given us the fruits of them only, by finely subdividing classes of diseases already known.

As a consequence, for the student of to-day, the subject of skin diseases is one of the most difficult to master. The English school differs from the French, and both from the German, not only in the nomenclature, but also in the etiology and treatment of these diseases. The differences of opinion do not end with the nationality of the schools; members of the same school differ from each other; and even in the pathology all do not coincide.

Therefore, the student usually becomes bewildered in the maze of conflicting opinions; and the further he studies often plunges into a labyrinth in the nomenclature, and so turns aside from the study of this branch to others less obscure.

I would not therefore make any new classification of these diseases, or of their treatment, save only for the purpose of simplicity. With this in view, I would consider all diseases of the skin, excepting those of a contagious inflammatory type, from a surgical stand-point.

Until within the past decade, little attention has been paid to this branch of medicine in the medical schools of our country, and even at the present time attendance upon the lectures on dermatology is not compulsory. As the time of study is so limited, most of our students are so busily occupied in pursuing the study of the main branches of medicine, or with preparation for the examinations, that they find but little time to devote to extra lectures or clinics upon any topic. Consequently, the average medical student graduates with but vague ideas of the nature of skin diseases, and knows but little or nothing as to their pathology or treatment.

The fault lies not with our teachers, for most of them have been pupils of Hebra, Hardy, and Fox, and are able and efficient men who are thoroughly conversant with these diseases. But the curriculum of study is too restricted, three years is too short a period for the student to become efficient in all the branches of medicine. It is no wonder, then, that the young graduate usually knowing the nomenclation well, and having but little knowledge of the pathology, should have only vague ideas of the treatment, and should generally prescribe empirically and in a routine manner.

The treatment of the diseases of the skin varies greatly in the different European schools. The two which have made the most thorough investigations, and rank the highest in this department, are the German and the English schools. The former represented chiefly by Hebra, depend almost exclusively upon external treatment; the latter, following the leadership of Tilbury Fox, adopt the internal administration of remedies. The Germans have had the larger clinical experience, owing to the greater amount of material in their hospitals at their disposal, and with them rests the honor of making many new discoveries in the pathology.

Of the two methods we much prefer the external; and that one may easily be guided in the choice of applications, we would regard nearly all skin diseases as surgical affections, and to be treated as such.

This view presents itself, first—because it is the more simple; second—it is suggestive as to the proper treatment to be used; third—it is the more efficacious.

As surgical affections, there are three indications as to treatment: to cleanse the diseased part, to reduce inflammatory action, and to promote a healthy flow of blood in the affected portion, and to remedy any co-existing depravity of the system.

In the acute eruptive disorders there are present the signs of inflammation, viz.: heat, discoloration, alteration in size, modification of sensation, and disturbance of the functions of the part affected.

In surgery the indications for treatment would be to remove the cause, and to lessen the determination of blood to the part. So the surgeon first removes any foreign body or extraneous matter that may be a source of irritation, and procures rest for the inflamed surface. Then he fulfills the second indication by the administration of diuretics, diaphoretics, or cathartics, as they are indicated, and by the use of local applications. These means are abstraction of blood, cold and heat, douches, fomentations, and sedatives.

In dermatology the same indications obtain. In all of the acute eruptive disorders, excepting those which are contagious, cooling and soothing applications give the most satisfactory results. These are water dressings, powders, poultices, ointments, and lotions, used according to surgical indications.

The water dressings are serviceable in diminishing the sensations of heat, burning and tension. Powders are useful when the exudation is a source of irritation, as in erysipelas, and where two exuding surfaces are in opposition. They are valuable in relieving the burning and itching in these conditions. Starch is most commonly used; lycopodium, zinc, bismuth, and carbonate of magnesia, are all good. Poultices may be used where much swelling and tension exists. The ointments fulfill more of the indications than any of the others. They protect the surface from the action of the air, render the secretions less acrid, and when the recipient of soothing medicines, are cooling and sedative. The benzoated oxide of zinc ointment is almost universally used, both here and in England. In Germany, that first used by Hebra, the *unguentum diachyli albi*,* is commonly prescribed. It is more soothing than the zinc ointment. Lotions are indicated for relieving itching and uneasiness. Those containing lead, soda, and hydrocyanic acid are most used.

As Eczema is the most common of skin diseases in this country, let us consider it first in its acute form from our surgical premises.

Acute Eczema, according to Tilbury Fox, is an acute catarrhal affection of the skin. It follows the laws of catarrhal inflammation of the mucous membranes. There we know it consists of an engorgement of the blood vessels, accompanied by abnormal secretion, swelling, succulency of its tissues, and a copious generation of young cells.

* Read before the New York Medical Science Association.

* Diachylon Ointment is prepared as follows: Olei oliv., drs. xv; Lithargyri, drs. iij et oz. vj; Coque l. a. in ung. moll., dein adde; Ol. lavandulae, oz. ij; M. Ft. unguentum.

In acute Eczema we find an analogous condition. The blood vessels are dilated with stasis, the follicles, papillary layer, and superficial strata of the corium are swollen, and these infiltrated with serum, and filled with a great quantity of cells.

Being on the external portion of the body, we are guided by the same rules which govern the surgeon in treating superficial inflammations of the skin, or the oculist in acute catarrhal conjunctivitis.

First, we remove the causes. If the source of the irritation be due to excessive heat or cold, or to the contact of acrid substances, the patient must avoid them. If due to pressure of the clothing or of ornaments, these must be worn less tightly. If the acarus scabei, or body lice, be the sources of irritation, these must first be destroyed.

But these are not all the causes of Eczema The disease may be symptomatic. It may be coincident with dyspepsia, or chlorosis, or as it is occasionally with rickets or scrofula.

Here internal remedies, in connection with topical applications, seem to us advisable, although the Germans rely upon the external treatment alone. As the surgeon, in treating surgical diseases, aside from using local treatment, endeavors to maintain the normal performance of all the functions of the body, and to remedy any depravity of the system, so here the dermatologist should do the same. The stomach should be made to do its duties properly; the chlorotic girl be given iron, and the rachitic and scrofulous cod-liver oil, in connection with the local treatment.

The second indication, the reduction of inflammatory action, is met by the use of cooling and sedative applications. In my own practice, I prefer the use of cold water dressings, or either the benzoated oxide of zinc or diachylon ointment.

Let us examine another disease under the acute inflammatory group. As Erythema is frequently met, let us apply our surgical views here.

Erythema consists of an inflammation of the superficial layer of the corium. It is characterized by the ordinary signs of inflammation. There is redness, slight burning pain, and moderate serous infiltration. As in Eczema, it is both idiopathic and symptomatic. The former embracing erythema simplex, E. intertrigo, and E. laeve, being produced by mechanical or external causes, require simply local treatment. Lotions may be used to reduce heat and tension, powders to render the secretions less irritating, and ointment for all these purposes and to prevent friction. If the latter, the Germans also rely exclusively upon external treatment. They remove all sources of irritation, procure rest by placing the extremities in a horizontal position, and reduce the inflammation by the use of Goulard's extract or cold water dressings.

In my own practice, aside from local treatment, I take care that the functions of digestion and assimilation are properly performed. If it occurs in a dyspeptic, or one of a rheumatic, gouty, or lymphatic temperament, I prescribe medicine accordingly, to relieve these conditions.

But I rely principally upon topical applications, and give medicine internally, only to correct faulty diathesis of the system.

To illustrate these views still further, let Herpes be next examined.

Herpes belongs to the inflammatory group, as it is an acute disease, manifesting itself by groups of vesicles situated upon erythematously inflamed portions of skin. It is characterized too, by all the signs of inflammation: there is present pain, heat, swelling, and discoloration. The microscope reveals the same kind of pathological changes as are present in eczema. The blood-vessels are engorged and loaded with blood, and the cellular elements within the papillae are increased considerably, and penetrate the whole corium.

Herpes is usually preceded by slight febrile symptoms, and in most of its forms by severe neuralgic pains. It is so often coincident with neuralgia that they may be regarded as cause and effect. Probably the painful irritability of the nerves produces such nutritive disturbances, that under certain conditions herpetic eruptions result.

Although the disease arises from internal causes, yet the treatment is purely local. The eruption runs a typical course, and the indications are simply to reduce the inflammatory action, and to remove all the sources of irritation. Hence we protect the vesicles that they may not be ruptured by either irritation or friction, by means of appropriate bandages, or by layers of lint or amadon. Applications of diachylon or zinc ointments may be used to relieve the sensations of pain and burning, and to protect the skin, that nature may be undisturbed in its reparative process in working a cure. If the pain be severe, opium may be combined with the ointments. If neuralgia be coincident, and it does not subside with the allaying of the irritation of the eruption, the appropriate remedies for it may be given.

Thus, in Herpes, as in Erythema, and acute Eczema, local treatment is applied according to the pathological indications.

As these, so may all the acute eruptions, if treated according to the plan here indicated, become tractable diseases, and as satisfactory to treat as those belonging to other departments of medicine.

In applying our views to those of the inflammatory group which are chronic in their course, we obtain striking results.

According to all the authorities, a majority of the chronic eruptions, which were originally dependent upon constitutional causes, become ultimately mere diseases of the skin, the constitutional cause having disappeared and the eruption remaining merely as a local inflammation. Then the indications would be to treat it as such, and to do it according to the principles of surgery by treating it locally, and by building up the general health, if impaired, and a strict observance of hygienic rules.

In acute inflammation there is an engorgement of the blood-vessels, a cell proliferation, and a consequent succulency of the tissues. In the chronic, other conditions are added thereto. The vascular fluxion is not so great, yet the infiltrated cells have undergone further development. The connective tissue has lost its firmness and elasticity, and has become swollen and fatty. New tissue formations, and serous infiltrations take place, and form marked anatomical changes.

When these conditions obtain, the indications are to remove the causes, and to repair the effects of the structural changes in the diseased tissues.

To meet the first, the surgeon considers the external influences, and the temperament of the patient; examines if there be any faulty dyserasia or diathesis present; and applies treatment accordingly.

The second is met by local means, and these are

absolute rest, compression, moist, warmth, resolvents, and derivatives.

Let us apply these indications to the treatment of Chronic Eczema, as it is the most frequent of all skin diseases.

Acute Eczema, we said, has been compared with acute catarrh, so may the chronic form be considered analogous to the chronic catarrhal inflammations.

In Acute Eczema, we had great vascularity of the papillae, an infiltration of cells, and a pressing to the surface of quantities of transudation liquid.

In the chronic variety the inflammatory process has gone a step further. From the continued vascularity, the papillae, which are the seat of the tufts of blood-vessels, become enlarged, and look like granulations. As in catarrh, these pour out a secretion continually, which is either serous or purulent, according to the degree of irritation and vascularity, or the diathesis of the patient. From a continuance of the irritation, the inflammation is communicated to the deeper layers of the skin, and subcutaneous connective tissue. Extensive cell proliferation occurs, and these are infiltrated, and the connective tissue bundles multiplied. Hence we have an "inflammatory hypertrophic" condition of the skin. It is thickened and less supple, and has lost its distensibility and elasticity.

This chronic catarrhal inflammation of the skin is analogous to a granulating wound surface. There is an exact similarity in the production of young cells by the papillary layer, in their migration and incomplete formation; and exactly the same conditions exist between the thing secreting and the thing secreted.

In the process of healing we have an analogous condition in the corium to the cicatricial formations in deeper tissues, or the healing by the second intention. Although the analogue of the curative process is perfect, yet in diseases of the skin nature does not play so important a role as in healing by the second intention. In these conditions much depends upon a carefully applied local treatment. Nature needs here to be stimulated in her reparative action. The swollen, infiltrated, secreting, and granular-like papillae require astringents, dessicants, and resolvents. As in the reparative process of chronic catarrhal inflammation of the mucous membranes, under these the granulations or enlarged papillae diminish in size, the infiltrated fluid is returned to the mass of the blood, and the cellular elements undergo fatty degeneration and resorption. Springing from numerous points healthy epidermis grows, and from these, as centers, a new skin is speedily formed, and a cure established.

In the details of treatment, the first indication is to cleanse the affected part. This must be done for a two-fold reason: first, that all sources of irritation may be removed, and second, that the medicines applied may come in direct contact with the diseased skin.

The crusts, scales, and scabs, must be first thoroughly removed. This is contrary to the doctrine taught years since, and which, unfortunately, has its adherents even at the present day. It was thought that the scab formed a cover of protection, that it excluded the air, and guarded against irritation, so that nature might, undisturbed, form a new epidermal covering. The teaching was fallacious. The crusts being dead, organic substances undergo decomposition under the action of atmospheric air, light, warmth, and moisture. As long as the catarrh exists the papillary layer pours out a secretion underneath the crusts. This moisture develops a process of decay in these, which is a constant source of irritation, and an obstacle in the way of cure.

Coincident with this pernicious teaching, it was also said that the scabs should not be disturbed, as they were the signs of the disease, and their removal would obscure the indications for treatment. With the fuller development of the study of pathological histology, we derive more reliable information from the appearance of the affected skin than from its secretions, as to the anatomical changes it has undergone and the treatment it requires.

Too much stress cannot be laid upon the necessity of a thorough removal of the crusts and scales. I have often had cases, which had seemed to be intractable, to make a rapid recovery, where I have attributed the failure to the fact that the former physician had not been cognizant of the necessity of absolutely cleansing the skin of its secretions. I am so deeply impressed with its importance, that in dispensary practice I never prescribe any treatment until the patient returns to me with the scabs and scales thoroughly removed.

The cleansing is best done with oily matters. I direct the patient to rub the affected part with oil, almond or cod-liver are preferable, and then to cover it with flannels saturated with oil, and these again with dry ones or oil silk, to be worn for twelve hours. After this, the part is to be washed with warm water and soap, and if the crusts cannot all be removed, the oiling and washing are to be repeated until none remain.

Then if astringents are indicated, ointments containing the oxide of zinc, the oxide, carbonate or acetate of lead, or lotions of borax are useful.

The infiltrations are best relieved by empyreumatic oils or their derivatives, and by combinations of potash. They all allay irritation, and have a direct curative action.

The oils used are oleum cadini, from the juniperus oxycedrus; oleum fagi, from the fagus sylvaticos; oleum rusci, from the betula alba; pix liquido, or common wood tar; coal tar or pix mineralis; and cosmoline, or vasoline, as it is sometimes named.

Of these, the oil of cade has been most used; recently, however, cosmoline or refined petroleum has attracted some attention, and thus far has given satisfactory results. Many obstinate cases have been reported as cured by this new agent, and in my own practice I have had highly gratifying effects from its use.

The smell of tar is disagreeable to many people; this can be obviated in a great measure by combining it with the essential oils. Newmann gives the following elegant prescription:

Olei Rusci, 1 ℥; Alcohol, Ether Sulph., of each 1 ℥; Ol. Lavandul., Ol. Vertæ, Ol. Rosa, of each gtt. xx. Mix.

In eczema of the hairy parts, carbolic acid is often preferable. It is used in combination with glycerine, alcohol and water in such proportions that the mixture contains fifteen to twenty grains to the ounce. Potash, in the combination of green soap, *sapo viridis*, is valuable in removing infiltration. It is to be rubbed in twice a day with flannel, and the frictions are to be kept up until the part becomes dry and shining. It is less irritating to many skins than the preparations of tar, and as it

is very efficacious, it may be very generally prescribed in chronic eczema. As used in Hebra's clinic in Vienna, it is made as follows:

Lixiviæ Causticæ Saturatæ, Poudoris Specif., 1333, ℔ i.; Cetacei, ℔ ij. Mix.

Instead of spermaceti the potash may be combined with other oily matters. I prefer it to be made with cod-liver oil, as I think it is more efficacious, which may, perhaps, be attributed to the action of the iodine which it contains.

In eczema fissum, solutions of potash in water are good. It stimulates the skin powerfully, and promotes absorption of the infiltration. It is also useful in the removal of the scales. I use potassa fusa in solutions varying from two grains to a drachm to an ounce of water, according to the extent and density of the infiltrations. Pressure is of great service in reducing infiltrated parts. In eczema on the feet, legs or fingers, a cure is more quickly attained if the salve or medicament to be used is applied by means of roller bandages, or by strapping with adhesive plaster. Impermeable dressings are useful on the extremities. Attention was first called to their use and efficacy by Hardy. They are more commonly used in eczema manuum than in the other varieties. In this, gloves, made of vulcanized india-rubber, or rubber cloth, are worn continuously for several days. The hand, being kept warm, perspires freely, and as the secretions are retained, the skin is macerated, and the epidermis is removed. Hebra uses this form of treatment extensively, and thinks the curative action to be partly due to the sulphur which the vulcanized rubber contains.

The dermatologist must be guided in the choice of his applications according to the appearance and location of the disease, and also according to the age and sex of his patients. Children have more sensitive skins than adults, and women more than men.

As in the acute variety, if there be a connection with diseases of the internal organs, internal treatment should also be used. Let us examine one more variety of this class. As Psoriasis is met more frequently than any other of the chronic inflammatory group, excepting chronic eczema, let us study the indications for its successful treatment. Psoriasis is a disease of the skin, in which there occurs an inflammatory hyperplasia. This is a chronic inflammation, occurring in circumscribed spots. It is situated in the most superficial strata of the corium, and in the papillary layer. The papillae are greatly enlarged, according to Wertheim; twelve to fifteen times their ordinary length, and their vessels tortuous, and increased in both length and size. There is an infiltration of cells in the papillae, and in the upper layers of the corium. According to Neumann, they are most numerous along the walls of the vessels. There are present the signs of inflammatory hyperæmia, swelling, discoloration, etc. As a result there is an excessive proliferation of epidermis cells, and in the rapidity of this process, the systematic hardening ceases, and in its place occurs the simple dessication of the yet soft protoplasm. In this dessication, the cells naturally agglutinate, and according to the size of the accumulations the disease receives different appellations, as *psoriasis punctata*, *psoriasis guttata*, and *psoriasis nummularis*. Recognizing these pathological conditions we are governed by the same indications for the treatment as in eczema. In all cases we have to obtain a resolvent action to procure a resorption of the cell infiltrations. Green soap, preparations of tar, Vlemingkx's solution, and Rochard's ointment are to be used according to the duration and location of the disease, and the degree of infiltration. As psoriasis commonly occurs in otherwise sound subjects, general treatment is not usually required. Arsenic, however, has gained the reputation of being a specific in this disease, and may be used in connection with local means. It acts according to the law of "similia," by exciting such an inflammation in the papillary layer that the formation of scales is diminished.

Carbolic Acid, a popular remedy of late years, acts purely mechanically. According to experiments upon animals, when given in large doses it causes anæmia of the capillaries of the skin, and so diminishes the hyperæmia.

Want of space forbids my following out this surgical view of the treatment in the other varieties of skin diseases. I have said sufficient to show the necessity of an intimate knowledge of their pathology, in order that they may be treated both scientifically and successfully. I have advocated these views, not with the idea that skin diseases properly belong to the province of surgery, and should be transferred thereto, but for the purpose of showing the real simplicity of their treatment. When properly understood they are no longer the *bete noir* of every physician, but their amelioration to proper treatment renders them a pleasant class of cases to treat, as their improvement is evident to all, and the gratitude of the patient is usually unbounded.

EXCRETINE AND WHAT IT SUGGESTS.

By F. A. Rockwith, M. D.

Dr. F. Hinterberger's Memoir, as communicated by Prof. Hlasiwitz to the Imperial Academy of Sciences, Oct. 10th (*Nature*, December 26th, 1872), gives us additional information concerning this substance. He prepared it from fresh human excrement, and found it free of sulphur, giving its formula as C^{20} $H^{36}O$. It formed with Bromine Bibromexcretine (C^{20} H^{34} Br. ^{2}O). This contradicts Marcet as quoted by Hoppe-Seyler (*Handbuch d. Physiol. und Patholog. Chim. Analys., page* 230), describing it as a crystalline body having the formula of C^{78} H^{156} O^{2} S, and prepared as in the former case. Schlossberger, however, quotes Marcet's formula as C^{78} H^{78} SO^{2}. It is prepared by alcoholic extraction and precipitation with lime, and again extracted with Alcohol and Ether, and subsequently crystallized at a sufficiently low temperature. There also exists an excretalin acid of uncertain formula—no doubt a mere heterogeneous mixture of fatty acids. But this finding and missing of elementary and compound bodies in certain excretions is suggestive and important, for it becomes necessary to establish how far health and disease are related to this peculiarity, and how far we may be guided in the selection of remedies or in the prognosis of disease by the absence or presence of the substances in question. For myself, I have been led to look upon the presence of Sulphur among the excrementary products as a pathic element of substitution for Nitro-

gen, which, as we see above, is also missing in Excretine; or, as a product of the decomposition of bile, which is recognized in putrescent evacuations under the form of sulphurous acid, Ammonium Sulphide, and even as a metallic sulphide after the internal administration of Mercury or Iron, but always as a bile product.

The value of observing the deficiencies or excesses of the elements of secretion has already been demonstrated by the pathological facts brought to light by the labors of those who have made the urine an object of special study.

It has proved to be one of the most valuable aids in diagnosis, and equally important in a therapeutic point of view. Oppolzer has shown that in Pneumonia, and Ziegler that in Peritonitis, Enteritis, interstitial Nephritis and Acute Pemphigus, *a diminution of the chlorides* in urine is indicative of a febrile inflammatory process—especially in the exudative period of croupous Pneumonia when often a total disappearance of this element is noticed—so that *the fluctuation of the chlorides corresponds inversely to the fluctuations of the disease.*

A similar application of this mode of diagnosis has recently been successfully applied in Small-Pox, by Dr. C. Hering, of Philadelphia, who, having found that the normal sulphocyanogen of the salivary secretion was missing inversely in its ratio of appearance in the pustules, gave Sinapis niger, because of its possessing this chemical as a natural constituent, (?) and thus corrected the mal-secretion, not, I fear, by the laws of similars, but by isopathy.

It may be well, however, to state here that Black Mustard does not contain Sulphocyanogen as a fixed body, but that by a sort of catalysis or fermentation, Sulphocyanollyl ($C^6 H^5 + C^2 NS^2$) is produced after trituration and moisture, the contact-agent being alone the normal constituent of this seed, namely, Myrosin, an individual of the class of vegetable albumenoids.

Newark, N. J.

A CURIOUS CASE OF HERMAPHRODISM.

By A. K. Gardner, M. D.

Hermaphrodism, so common in the many orders of organic existence, as in plants and in the lower forms of animal life, as the mollusca and zoophites, has never been scientifically recognized as existing in the higher types of being—such so called, owing their claims to this title "to a vicious conformation of the genital organs." This description given by Dunglison is not exactly true, inasmuch as the sexual characteristics are not confined to the genital organs, for the general appearance of many of these individuals as well as their interior, mental and moral natures are marked by like discrepancies and abnormal conjunctions. Without further prelude, I will describe the peculiarities of an individual of this nature, whom I saw and carefully examined yesterday. I offer no apology for introducing it to attention, inasmuch as all such cases have a strange interest to the scientific man as well as the unlettered, and every case carefully reported is a fact; and perhaps from sufficient data of this character we may find the mystery of being, somewhat cleared up, may perhaps learn upon what depends the accident of sex; at what period it dates; to what degree character is dependent upon this development; what is the influence of education upon the mind, as creating the attributes of gentleness, modesty, timidity, love of children, or the contrary. The case which I shall now narrate is full of material for speculative and imaginative research.

This child of a deceased father of Scotch birth, lives with the mother, who was herself born in Wales, England, and now again married, is living in humble but comfortable circumstances in this city.

The mother never noted anything abnormal or peculiar in the conformation of the child, to whom she gave the name of Mary. There has been nothing peculiar in the condition of the child since its birth; and until about three weeks since there has been no thought or imagination that it was aught else than a bright, clever girl. Over twenty years have passed since birth, during which time Mary resided at home, assisted her mother in all domestic work, made shirts, sang (contralto) in a church choir, was a favorite among the youths of the same age of both sexes, and especially was popular among the boys and young men. If there was a straw-ride proposed, a party formed for any amusement, Mary's approbation was first sought; and if she approved—as she generally did, being always ready for a bit of fun—she easily enlisted the girls around to join. Among all she was especially distinguished for modest behavior, allowing no liberties, and was much "averse to being kissed by any of the fellows," an attempt frequently made.

The only trouble that her mother felt was, that she did not menstruate, and she made frequent efforts to bring on her periods by emmenagogue medicines, and finally insisted upon her submitting to a physical examination. Greatly against her will, she at last went to the family physician, Dr. C. E. Campbell, and subsequently he brought her to my office, and the examination revealed the following extraordinary facts:

Mary ——— is about 5 feet 5 inches in height, of a spare frame, and with little in her general appearance, remarkable. She has however, some hair upon her upper lip, but not more than occasionally seen in women, with a few scattering hairs upon her chin, and these probably increased by having shaved them off several times. This hirsute condition has been noticed only about a year and a-half, about which time her voice changed to a baser tone, identical to that noticed in boys whose voice is taking a baritone character. Her figure is lithe and active, with hips less marked than is usual in females. Her legs and arms are less rotund than in females, and her legs remarkably masculine in form. The breasts are protuberant, and the right has an especial mammal development, the gland formation being markedly present. There is, however, no nipple, and with the areola resembles rather this part of the male formation. The *mons veneris* is covered with a thick growth of hair which, however, does not extend downward upon the annexed labia. The *labia majora* are unusually protuberant, reported to be owing to the irritation of the recent examinations. On separating these lips, a marked *hymen* is observed, crescentic in shape, and occluding the lower portion of the vulva, but not preventing the entrance of the finger almost to its full length, when it touches the end of this *cul-de-sac*, at the extremity of which the passage abruptly stops; and no examination

per vagina, *per rectum*, or above the pubis can discover any uterus or ovaries. There is, however, a feeling of thickness, as of a firmer tissue, or reduplication of membrane, at the extremity of this pouch, such as one might imagine would be given, were the womb extirpated, by the cicatrix of an undefined inflammatory action.

In the place where the clitoris should be found, there is an evident penis formation, composed of a *corpus cavernosa*, which possesses some power of erection—said to have never been noticed till since the repeated examinations. The *glans penis* is marked in its shape, and the whole organ when at its fullness is about three inches long. The *corpus spongiosum* is apparently wanting, as the organ is imperforate—the *meatus urinarius* ending immediately at the base of this organ. The *prepuce* is evidently a continuation of the *labia minora* from each side, continuing along the side of the organ as a fringe and not uniting beneath.

The fullness of the *labia majora*, already spoken of, is accounted for by the fact that movable, globular bodies are apparent in each. That on the right side is far the largest, and is in consistency and "feel" such that one has but little difficulty in recognizing it as a testicle.

In all this manipulation, Mary states that there is no sensation apparent, except smarting; but there was at times a marked erection of the penis and spasmodic contractions upon the finger when introduced within the vagina.

We have few cases of "miscegenation" (to use Sweetzer's coined word in a somewhat strained sense) more marked than this. The question is today, to which sex does this person belong? The presence of the testicles, although impotent, practically might give the weight of evidence to the masculine side of the question, but the *tonic* influence thence derived, is more than neutralized by the feminine life of more than twenty years.

Some anomalies in the character, both mental and moral, must necessarily be observable in a person so sexually constituted. Incapable of perpetuating the species, the endearing situation of husband or wife, father or mother, are alike debarred; but the pure consolations of friendship and platonic love are open with all their charms. Unhappy will it be, indeed, should inducements to a change of habits and life be accepted, which should draw this person from the privacy of domestic life into a public career, supported by the exhibition of a deformed person to the curious gaze—even if limited to the medical profession—of those who would see without sympathy, and thus commence a life which must end in demoralization and regret.

So far as my advice could go, it would be that a veil of forgetfulness be brought to cover the last few weeks of feverish anxiety, and that in the future, the serene repose that belongs to the domestic circle, the soothing influences of healthy employment, music and books, may bring perhaps as much happiness as usual on earth, and be fit preparation for that land "where there is neither marrying nor giving in marriage, but where all are as the children of God."

N. Y., 237 East 13th St., April 18th, 1873.

MINNESOTA crows over Massachusetts with an annual birth-rate of 30 per diem.

THE APPROPRIATION OF HOMŒOPATHY BY THE OLD SCHOOL.

BY J. N. TILDEN, M. D.

THE perusal of "Ringer's Hand-book of Therapeutics," a recent and very popular allopathic work, brings most vividly to mind the remarkable inconsistency and assurance of the "regulars," in appropriating the results of Homœopathic labor without any compunction or disposition to give acknowledgment therefor.

The old adage of "Honor to whom honor is due," seems to have been entirely ignored by the author of the above work, for he very coolly goes on to recommend medicines, in small doses and for precisely the same conditions of disease, for which they have been used by Homœopaths since Hahnemann first taught the doctrine of "Similia."

Let us look at a few instances. On pages 190 and 191, speaking of arsenic, the author recommends it, in one or two drop doses of Fowler's solution, for various affections of the digestive organs—vomiting, chronic ulcer, cancer of stomach, diarrhœa and cholera. Again, in treating of the therapeutic properties of creosote, it is regarded as an admirable remedy for nausea—and to quote directly a sentence, which would not be amiss in a Homœopathic Materia Medica—"the author believes that the failure of the remedy to check vomiting, in many cases, is owing to the largeness of the dose that is given, and which often itself produces these symptoms if administered in such large quantities.

"The best effects are obtained if just sufficient creosote is added to water to make it taste distinctly, but not strongly, of the medicine."

Is "the author" aware that he is here plainly advocating the truths which lie at the foundation of Homœopathy—that system of medicine which is claimed by *allopathic* authority to be wholly expectant and inert? We would fain have enough faith in humanity to believe that he sins ignorantly, in thus appropriating the property of others.

A few more striking illustrations we find as follows: Cantharides in acute Bright's disease, and other affections of the urinary organs, is recommended, as well as Camphor for summer diarrhœa and cholera. Ipecacuanha in drop doses of the wine, for vomiting, etc. Belladonna for diseases of the throat, whooping cough, headache—a preventive also for scarlet fever. Veratrum Alb. for summer diarrhœa. Aconite is spoken of in the following language: "It is on account of its power to control inflammation and subdue the accompanying fever that Aconite is to be most esteemed. The power of this drug over inflammation is little less than marvelous."

These examples cited are not exhaustive, but are casually selected in hastily looking over the pages of this *modern* Therapeutics.

While it is encouraging to find that the "old school" is progressing toward a more rational and humane medication, we would like them, as members of a philanthropic profession, to show honesty of purpose sufficient to acknowledge the fact, when they do use a medicine according to our law—our guide.

It certainly gives us just cause for complaint, that while they affect to deride and despise our system of medicine, they are every day practically employing it as a means for curing disease.

Peekskill, N. Y.

SOME THOUGHTS ON UTERINE DISEASES.

By A. K. Gardner, M. D.

No. I.

Uterine disease, as we now understand this term, dates from the re-discovery, if not, in fact, the re-use of the speculum by Recamier. There were, indeed, certain grand lesions of the womb, and the passages to and from it, such as were easily recognizable by the finger, such as polypi, large tumors, cancers, etc.; but of those minor ills, in appearance, slight displacements, minute fungus growth, epithetial abrasions, deeper ulcerations, uterine engorgements, cervical catarrh, endo-metritis, cervical metritis, and indurations, resulting from inflammation, and hosts of slighted ills, now tabulated and classified, nothing was known. The gynecologist of those days treated green sickness and leucorrhœa as diseases, instead of symptoms of some general or local disturbance, and multitudes of women, with miserable days and nights of suffering, wore out life, treated for liver-complaint, wasting sickness, or cancer, thus exhausting the science of the day. Indeed there now originated the distich—

"Affliction sore long time she bore,
Physicians tried in vain."

But the light thrown by the speculum upon these obscure diseases was the beginning of an unending era of reform and relief, but not without many delays and no little opposition. Physicians were slow to recognize the ulcerations of the os uteri as evidence of disease, or to trace any connection between such like trivial disorganizations and the nervous debilities, physical prostrations, and general good-for-nothingness of their possessors. Even men of such high intelligence as Dr. John W. Francis were long incredulous. Untaught in younger days, they went through the form of examination—generally, indeed, so clumsily, and with such a parade of delicacy and over-care, as to disgust alike themselves and their patients, without attaining to any result. Indeed, not unfrequently, a half hour was fruitlessly spent without succeeding in bringing the os uteri into view.

In this country "Bennett on the Uterus" was the spectacles by which every one saw, and his treatment with nitrate of silver the only method of cure known. The zeal of proselytes is as recognizable in medicine as in everything else. Every practitioner strove to outdo his teachers, and new and more potent caustics were invented or brought to bear in this new direction, and the acid, nitrate of mercury, potassa fusa, and even the actual cautery, were in daily use by men as ignorant in the pathology of the diseases treated as rash in their therapeutics. Indeed, a man most distinguished in his day, and one of the host of great medical men of modern Europe, Lixfrarc, published accounts of scores of uterine cervical cancer *cured* by amputation of the os uteri—a claim which, had he lived longer, he would have been compelled to renounce.

Nor has the extravagance in the claims of uterine specialists diminished with advancing years. The actual cautery gave way to the galvanic cautery, and this to actual amputation, as sponge tents gave way to "slittings-up" of the cervical canal, and removals of "wedge-like" portions. Pessaries have been ignored by all of any therapeutical lore. But still uterine surgery and uterine fees have markedly increased, and ladies are as proud to be seen in the anteroom of a fashionable specialist as in the boxes of the opera-house.

What is the result—quackery in its worst, because concealed, form. Diseases are re-baptized with new and formidable sounding names; unnecessary treatment is made, operations constantly done which are totally uncalled for, in the hospitals and cliniques for show, and in private practice for lucre. Many more visits are made than are necessary. I have seen childless women, of small means, with nothing more than slight cervical metritis, who have for six months made daily visits at $3 each to a gynecologist for topical treatment, and many for slight epithetial abrasions having three vaginal explorations and treatment every week for many months. I maintain that no Hippocratic oath, even in Tweed times, can stand such a tax.

A lady came to me from the West desirous of children, in the vigor of health, æt. 35. On examination I told her she was singularly free from all disease, but that there was a slight but recognizable stricture of the cervical canal, which might by a serious operation be treated, but I was greatly afraid with no change in her condition of sterility, and really advised her not to undertake to interfere with it. But she went to Europe, came into the vortex of a fashionable gynecologist, had the canal divided with the knife, lay some three months on her back, paid $500 for the operation, and as much more for subsequent visits and treatment. Result—a constant pain in the sciatic nerve of one leg for over a year, and now, after some years have elapsed, no children. This operation was done for money, not for the patient's best interests, and I call it quackery; but they don't suspend members of the academy for such a violation of their code of ethics.

* * *, * * *

Now what is the lesson of to-day? I shall not occupy space to make logical deductions, but I will state my opinion briefly upon some points of a general nature:

1. Uterine Diseases are Over-treated.—The diagnosis should be more minute and definite, and the local treatment directed solely to the original disease, and less to concomitant and resulting symptoms.

2. The local applications should be generally of a milder nature than those commonly employed.

3. Such local applications should be made less frequently than is ordinary, generally not more than three times a month, and in extremely rare cases not oftener than five days.

4. Far more attention should be given to the general treatment; and it should be remembered, what has been generally ignored, that the uterus is part of the system, and not a separate body, and that its diseases are amenable and often curable solely by remedies applied to the general constitution.

5. Experience has also taught the inutility of the powerful caustics and escarotics formerly alone used, and even now far too frequently employed by practitioners whose learning is of the past. In my own practice the use of nitrate of silver, even, is the exception rather than the rule; the milder and less irritating applications of the sulphates of copper and iron and tannin locally applied, I find to be

followed by less subsequent irritation and speedier cure; especially when combined with appropriate general remedies which, formerly, I almost entirely neglected.

6. In the use of astringent vaginal injections I find little benefit, mainly because they do but very imperfectly touch the diseased part, and their effects upon the healthy vagina are decidedly injurious; and particularly alum is markedly irritating and especially objectionable. An infusion of red-rose leaves or ordinary green tea (hyson) is adequate to all the necessities in this direction. Even very cold water, in which I once had great confidence from a theoretical idea, I now entirely dispense with, preferring tepid water to cleanse the parts, which is not followed by very injurious reaction. Especially is cold water injurious after sexual connection. I have known many cases of uterine congestion and catarrh, and various concomitant troubles to which I could trace no other cause than this indiscreet bathing of the parts when hyperstimulated and congested by natural causes. All the desired results could have been as effectually obtained by water whose temperature would not have been perceptible, and which would not have thus suddenly arrested the exhalations from the mucous secreting glands which stud this passage.

A LETTER FROM JOHN CRANNELL.

"BUT we confess to some doubt as to the meaning of 'John Crannell,' on page 11, where he says, 'if one school becomes contemptible on account of intolerance and bigotry, and another school becomes absurd from the ignorance and credulity of its members,' etc., etc. Can he mean to constitute himself 'autocrat of the editors' table,' and dispense general condemnation as a patent cement for disunited doctors? And does he wish to say, that, as the allopaths are intolerant and bigoted, the homœopaths are ignorant and credulous? What is the use, then, of trying to cement them, or form a medical union? Is it to found a third or new eclectic school? The wise ones must, of course, all flock to its standard."

So writes Dr. J. C. Morgan, of Philadelphia, in the March number of the *American Journal of Homœopathic Materia Medica*. The Doctor will perhaps agree with me when I express the opinion that no school can lay claim to all the intolerance and bigotry that exists among doctors, and that ignorance and credulity are too often met with in all schools. I cannot acquit one doctor from the charge of intolerance or ignorance on the ground that he is a homœopath, any more than I can assume that because another doctor is an allopath he is necessarily fit for the kingdom of heaven. The Doctor mistakes my meaning if he supposes that I consider all doctors as either ignorant or intolerant. A small but active minority in both schools may be fairly classed as such, and the very activity of their intolerance multiplies itself to the disadvantage of a liberal majority, just as a very little mud can make a very large splash. I, for one, do not seek to unite physicians, belonging to different schools of medicine, on any therapeutic platform. It is not proposed to amalgamate homœopathy and allopathy in the practice of medicine, nor to build up a new sect on the eclectic plan. The union for which I hope is one that will allow every physician to use whatever remedies and follow whatever treatment may seem in his judgment best adapted to the cure of his patients, without thereby subjecting himself to professional ostracism. In a word, I would make a thorough medical education the necessary qualification of every physician for the practice of medicine, and take it for granted that a diploma that can be accepted as a guarantee of such an education must also be accepted as evidence that its possessor should be trusted to use his own judgment in medical matters, without interference directly or indirectly from any code of ethics. And if in accordance with this plan, one chooses the old school and another the new school, while a third finds much that is good in both—very good, let each one cure his patients in the way that seems to him best. Although he may practice allopathy, or homœopathy, he is none the less a physician, and as such he occupies a higher ground, a broader field, than as a merely sectarian follower. On that higher ground I would put the basis of medical union. Such was the spirit of the distinguished pathologist, Tessier, whose words should ever be remembered:

"Yes, we refuse, and always shall refuse, the appellation of homœopathists, because we are as adverse to the sectarian spirit as we are devoted to truth. We admit to be true the therapeutic system, invented and developed by the genius and immense labor of Hahnemann; but just as we adhere to the psychology and physiology of St. Thomas, without calling ourselves Thomists; just as we profess the doctrine of the essentiality of diseases, without calling ourselves essentialists; just as we cultivate, and have always cultivated, pathological anatomy, without calling ourselves anatomical pathologists; just as we employ auscultation and percussion, without calling ourselves auscultators and percussors; just as we devote ourselves to clinical observation, without calling ourselves observing physicians; just as we study general medicine, without calling ourselves theoretic doctors, so we neither desire nor admit the appellation homœopathic, applied either to ourselves or our labors. We are physicians, and our work is to perfect the art of medicine. We admit homœopathy, because it is a great truth in therapeutics, and we reject it in the character of a medical doctrine."

In the early periods of Egyptian history we learn (Diodorus Sic., Lib. I, cap. 28) that instead of prescribing medicines according to the judgment and experience of the practitioner, every physician was obliged to follow a written code; and if, in adhering to this, he proved unsuccessful, he was free from blame; but, if he ventured to depart from the prescribed forms, though the patient recovered, the physician was to lose his life. Now, he only loses his seat in the Academy of Medicine and retains his life, which is supposed to be a burden to him forever after. Such is the venerable spirit displayed by some among the old school. As to the same intolerance among the followers of Hahnemann, I need only refer to a letter from the pen of Adolph Lippe, that lately appeared in the *Evening Bulletin*, of Philadelphia. And just here may I ask the indulgence of the reader while I make a slight digression.

The New York *Times*, without any solicitation on the part of this journal, very kindly noticed the first

appearance of the MEDICAL UNION in an editorial, commending, in its own words and way, the broad and liberal position of the new journal. This editorial having been copied into the Philadelphia *Evening Bulletin*, aroused the wrath of Adolph Lippe, a homœopathist of that city, who forthwith seized his pen and thus addressed the public:

" * * * The *Times* has evidently been induced to publish that objectionable article by a misrepresentation of facts made to it by the editors of a new medical journal, advertising itself and its editors thereby. Permit me to point out a few of the many misstatements made in said article, correct them, and show the fallacy and inconsistency of the position assumed by the MEDICAL UNION, the advertising journal," and so on, *ad nauseam*. As the editors of the New York *Times* are alone responsible for the article, I leave them to utter destruction at the hands of Lippe. My digression is not for the purpose of interrupting the harmless amusement of one who builds a man of straw in order to knock it down again, nor is it necessary for the editors of the MEDICAL UNION to deny that they have misrepresented facts for the purpose of advertising themselves and their journal, since Dr. Lippe's assertion is sufficient to render a denial superfluous. When I consider how difficult it is to teach an old dog new tricks, I can even pass over the impudence and intolerance of the man, and exercise an amount of resignation for which I claim no patent, since virtue is its own reward. But no punishment can be too severe for one who attempts to do sharp work with dull weapons. When Dr. Lippe wishes to attack the MEDICAL UNION again, let me implore him to do so with more skill. Such blundering work is harrowing to every sensitive mind. As an example, which the Doctor may ponder upon, I tender him my compliments and my opinion in an epitaph. And lest he should be tempted to die at once in order to have it upon his tombstone, I can assure him that it will apply equally well to him living or dead. It is, in fact, a portable epitaph, since, wherever he is, it will not be out of place. He can take it to bed with him at night. He can have it engraved on his seal and stamp all the productions of his pen with it. Nothing could be more appropriate than to have it appended to the article I have referred to above. What epitaph can be more touching! more true!

Here lies Adolph Lippe.

It can hardly be necessary for me to offer to the Doctor the renewed assurances of my distinguished consideration.

To resume. Patrick Henry, as every school-boy orator is doubtless aware, knew of no way of judging of the future but by the past, and that seems to me to be a very rational basis for prophecy in medical matters. In taking a retrospect of the medical world from the time of the great-grandfathers of our art, we are impressed with the fact that medicine repeats itself. There is a steady average of intolerance and ignorance, unalterable as the laws of the Medes and Persians, that may always be depended upon in the future, if the past is any criterion. The hepatic viscera of the medical profession to-day is just as productive of choler as in the time of Homer, when temper and bile were synonymous. We cannot expect, therefore, that any plan contemplating the union of harmonious elements in the profession will escape the opposition of the elements that are discordant. The allopath who considers that a pure medicine and undefiled requires a tea-spoonful of calomel and forty-grain doses of quinine for the cure of intermittent fever, will meet a foeman worthy of his steel in the homœopath whose study of symptoms and strict adherence to the doctrine of Hahnemann leads him to rashly expose his patient to the aggravating action of the forty-thousandth trituration of a pulverized bed-bug. Let them arrange their little differences between themselves, our part is simply to look on, with the hope that when the lion and the lamb lie down together, we may be there to see it.

Our work lies in a different field. We seek to make the ability and education of a physician the only tests of his fitness to enjoy every position and every honor within the reach of his profession. We claim that, when by a thorough and complete education he is made conversant with all the technical details of his profession, he acquires the right to think for himself and to act upon his convictions without being expelled from medical societies or outlawed by a code of ethics. If this is illogical, then I must be content to prefer what is right to what is logical.

JOHN CRANNELL.

MASSACHUSETTS MEDICAL SOCIETY VS. THE HOMŒOPATHS.—The injunction against the Massachusetts Medical Society was dissolved last month on the ground that the court that issued it had no jurisdiction in the case. This virtually ends the matter, and leaves the Society free to discipline its members. It is a sad commentary on the condition of the Society that its members are not sufficiently intelligent to judge for themselves as to what is right. Massachusetts, that boasts so much of her educational advantages, should have a corps of physicians who are individually able to discipline themselves.

BROOKLYN HOMŒOPATHIC LYING-IN ASYLUM.—The lady managers of this institution have established a nursery in connection with the Asylum during the past month. Rooms in the building at present occupied by them have been newly fitted, a dozen cradles have been prettily furnished, and most of them already supplied with babies. This department has been greatly needed, and the ladies congratulate themselves upon its auspicious commencement. Next month they propose to establish a school for nurses. This department of the institution has been talked of for a long time, and is now in a fair way to be realized. The physicians of the institution have nearly completed the plan for instruction, and hope soon to develop it. We can only say now that the history of all similar institutions at home and abroad is being carefully studied, and it is hoped to make the school a success. Dr. Varona has resigned his position as Resident Physician and Surgeon, and taken private offices on Clinton Street. His rapidly increasing surgical practice rendered the step necessary. The ladies received his resignation with regret, and passed a complimentary resolution in accepting it. He is succeeded by J. F. Oaks, M. D., from Rochester. Dr. Oaks is a graduate of the College of Physicians and Surgeons, of this city, and brings with him a reputation for surgery and an experience in the hospitals of his native city which will be quite valuable to him in his new position.

THE MEDICAL UNION

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."* Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

PHYSICAL DEVELOPMENT.

WHEN Charles Reade, in a recent novel, aimed a trenchant blow at one of the idols of the people, and attempted to show that such severe physical training as was practised by Geoffrey Delamaine in preparing for the race, was liable to break down the physical system and prepare the way for an early death, it produced more than ordinary interest and excitement. Athletic sports are the pride of the English people—rowing, running, boxing, leaping, and the various sports of the field are considered a part of every gentleman's education. The students from our own colleges, until quite recently, on visiting England found themselves able to construe Latin and Greek with the best of the graduates of Oxford and Cambridge, but in physical training they were nowhere. The Englishman came out of his University not only with his mind richly stored with science and literature, but with a physical training which enabled him put in practice on the great field of life, the lessons he had been taught. With the American, on the contrary, everything was sacrificed to the intellect; and the poor boy often left his college halls with a constitution broken by hard study, and a total disregard of physical health. That, however, is now being rapidly changed, and our American colleges encourage those manly sports which contribute so much to physical development and health, both of body and mind. There is no doubt that exercise may be too violent, and the system permanently injured by overstraining, notwithstanding a distinguished English student has attempted to prove the falsity of the position taken by Mr. Reade, by showing from statistics that those who are most distinguished in Oxford and Cambridge for athletic sports, have been the longest-lived. It is undoubtedly true that in our large cities, and in persons engaged in sedentary occupations, in both sexes, many an ache and pain and very many severe attacks of sickness could be avoided if the circulation were kept active in all parts of the system through judicious exercise. The man of business could often dispense with his Congress water and gout pills; the professional man would find his digestion better, and his brain clearer and more active, and our wives and sisters could go through the vexatious routine of their cares with less danger of breaking down. It is true, with a little more attention on the part of our patients to that form of exercise which would keep up a healthy circulation in all parts of the system, our bills would sensibly decrease, but then only think of the satisfaction in treating patients whose powers of reaction would be strong and active when sick, and from whose treatment then, some little professional credit could be derived. Oliver Wendell Holmes remarks in one of his oracular sayings, "During exercise the muscles want blood, and suck it up like so many sponges." But if one portion of the body receives more than its proper share of exercise, there is often a deficiency of strength in some other portion of the system. Among the many contrivances to develop the physical system and equalize the circulation, none seem to us more thoroughly scientific and better adapted to accomplish the purpose than the "Health-Lift." It not only reaches a class of cases we find most difficult to touch with the ordinary forms of medication, but is a material aid to us in treating forms of physical weakness, such as prolapsus of the womb, where we need something more than mere drugs to produce a cure. We have often felt its beneficial effects in our own persons, and have repeatedly seen its healthy action in others.

VACATIONS FOR DOCTORS.

AN eminent physician of this city used to tell his patients that he hardly earned his bread and butter till after all his teeth were gone, so that he could not enjoy it. The good old man has long since gone to his rest, but the truth of his saying lives yet in the experience of many physicians. No class of men are so completely subject to the necessities and whims of others, and none are so constantly overworked, as doctors of medicine. The man of business can leave his business in his store or office and use his evenings as he chooses, and when he retires at night his rest is undisturbed except by the casual burglar or an accidental colic. The lawyer attends to his clients during certain hours in the day, and if he occupies himself with legal studies in the evening, it is only from an occasional and voluntary desire on his own part. His professional duties rarely prevent him from six hours of recreation daily if he wishes it, and his sleep at night is as easy and undisturbed

as the nature of his profession will allow. The clergyman also has certain hours for piety and business, and the brain and body are at rest during the night. But the doctor has no time he can call his own. His own inclinations and comfort are never consulted by those who need his services at midnight. The merchant's stomach may require to be pacified in its rebellion against too much salad, and forthwith the doctor must come out of his warm bed, every bone and muscle aching with a long day's work, and attend the patient, with an alacrity which is supposed to be cheerful—and when the doctor comes back again and has been duly lectured by his worthy spouse for coming to bed with such cold feet, he sinks into the sleep whose innocence only children and doctors know, but only to be wakened again by a hasty summons to repair at once to the lawyer whose conscience is more active than usual and whose sleep is therefore disturbed, or to the clergyman whose liver, after disturbing the minds of his congregation, is now disturbing the body of its owner. And then again there are the babies—God bless them—who are sure to begin life at some inconvenient hour of the night, when the daytime would do just as well; who make a habit, the little rascals, of putting off their little colics and other necessities of infantile existence, till after the doctor has gone to bed, or, at least, they will seize some equally inconvenient time when the doctor has promised his wife and children that he will accompany them to some long-promised entertainment.

Now all these occurrences are right enough in their way and no doctor will complain of them, for it is his business to do just that kind of work, and to do it at all times, consulting not his own convenience but the necessities of his patients. But when we consider that the older a physician becomes and the more successful he is, the harder he is worked, and that when he most needs an occasional relaxation from his labors he is unable to obtain it, we believe that an innovation is warranted. We advocate vacations for doctors. Young doctors, beginners in the profession, can afford to work all the year round, for their time is more abundant than their money, and their practice is not so firmly established that they can wisely leave it to the chance of going astray. But the family physicians, on the heaven-side of fifty, should certainly take a vacation during the heated term of midsummer. No class of men deserve or need it more and but few are so poor as to be unable to do it. Doctors are subject to the same ills that afflict other mortals, and they should take the same remedies they prescribe for their patients. A vacation once a year is as necessary for an overworked doctor as a Sunday's rest is for a stage-horse. At least a month should be spent away from the city, and how this is to be accomplished we leave to the doctor's ingenuity. Half the pleasure of a vacation is in the planning of it, and we should like to suggest many things which want of space obliges us to omit. How delightful it would be for the worn-out family physician to leave his pills behind him and stretch his attenuated legs over the green fields of the country. How healthful and invigorating, with gun in hand, to pursue the gregarious sparrow as he sits upon the telegraph wire, or to lie in wait for the devastating woodchuck. What can be more conducive to the recuperation of the anxious mind than to recline, *sub tegmine fagi*, on the mossy bank of some gentle stream while he impales the peristaltic worm upon the jagged hook and entices the unsuspicious bull-head to an early death. But enough, a word to the wise is sufficient.

INSANITY.

A GENTLEMAN, some years since, in going through a lunatic asylum amused himself by asking some of the less violent why they were there. Different reasons were assigned without admitting the true cause of their confinement. At length the question was asked of one who, walking quietly about the grounds, showed to the casual observer no external signs of insanity. "Simply for a slight difference of opinion," was the reply. "I insisted that the world was out of tune, disorganized, in fact insane; while the world declared it was I who was insane, and, having the power, shut me up here I am the victim of a very great injustice, sir, as you perceive; but what can I do but to suffer the martyrdom which has ever been the lot of those who have proclaimed unwelcome truths."

There is a good deal of truth in the remark of the lunatic. The world is, more or less, a crazy world. You can hardly find a man or woman who is not, to a certain extent, a monomaniac upon some subject. With one, it is pride of birth, a veneration for ancestry which may be traced way back into the dark ages, but whose great virtues, if there ever were any, their descendants have failed to imitate. With another, it is a narrow bigotry and intolerance, breathing out anathemas upon all who dare assert the right of independent judgment, and who insist upon forming their own conclusions and deductions from experience and well-established facts. Courteous, friendly and gentlemanly when every thing runs smoothly, you have only to controvert their theories or show a leaning toward some hated rival, to bring out a growl which startles you with its fierceness. There is always one word which will make the eye flash, and develop the latent insanity. To the orthodox theologian it may be the name of some sect which he believes has wandered away from the fold and is perverting the truth; while the

other party glory in persecution, and hug close the crown of martyrdom. Among medical men, the mania develops itself in strange and curious forms. To the orthodox allopath, deep dyed in the wool, the very name of homœopathy almost brings on an attack of hydrophobia. He snaps out his words with a bitterness, and his tongue wags with a venom which astonishes you. Courteous and polite in his intercourse with his fellow-men, you have only to breathe this word, and every gentlemanly, Christian instinct in his nature seems to be obliterated. On this one subject the man is absolutely insane. Gentlemanly courtesy is forgotten, and though his pockets may be stuffed with tracts to deal out to his patients, the very elementary principles of the religion he professes to love is lost sight of. Another is so wrapped in the mantle of his own conceit, that he looks in lordly scorn upon the opinions of others. In his own estimation, he is the largest pattern of a man the Almighty ever made. In his little brain is concentrated the wisdom of the past and the present. His tremendous mind has fathomed all the depths of science and established rules and laws of medical practice, the correctness of which it is heresy to doubt. This is his insanity. He forgets the truly wise man is modest; that the field of medical science has not been so thoroughly tilled as to develop all its richness; that there may be mines of wealth there which have never yet been brought to light, and that other plans of development than those which he has practiced, may yet bring forth grand results. This kind of insanity is often seen in those whose experience is confined to a few years; who have just launched their barks upon that vast ocean upon which others have sailed and watched its tides and currents, its rocks and hidden dangers, and studied it, in all its fitful moods, until their heads were gray with age. Some day a riper experience, more careful study, and that kind of rough handling which theoretical men are likely to get, when brought in actual contact with danger, may soften the disagreeable phase of their insanity, and teach them a larger wisdom and a broader charity.

There is another form of insanity often seen among medical men, but always found in narrow minds and ignoble natures. It is that envious and jealous spirit which seeks to magnify its own importance and build up its own reputation by pulling down those of others. With the exception of some few of their own particular set, you never hear from them a kindly word of brethren in the profession, but always find them ready with their censorious remarks and sneering words. As this is one of the lowest forms of the kind of insanity of which we are speaking, it is the most dangerous. However despicable they may be in themselves, and in however little estimation they are held by the public, still, the falsehoods and slanders which drop so readily from their tongues, passed from one to another, may at length, when their origin is unknown, be looked upon as truth.

Our profession, which of all others should have the broadest charity for the failings of the world, and which, with properly directed efforts, can do more than any other to elevate the human race, should scrutinize with more than ordinary care their own motives, and look carefully into their own hearts, lest the teachings of their lips are more than counteracted by the example of their lives. The example of that great physician whose life was a mission of love, and whose golden maxims, if rightly followed would sweep away all these forms of insanity, should become a part of our very lives.

HOMŒOPATHY IN THE MICHIGAN UNIVERSITY.

By a recent act of the Legislature of Michigan, two professors of homœopathy are to be added to the medical faculty of the Michigan University. The result of this measure will be regarded with the greatest interest by the physicians of both schools at home and abroad. At once we have this great question settled—and we hope forever—that one medical school cannot exclude another from all the positions of professional honor and trust in our public institutions. Doubtless the merits of the question present themselves to most physicians, on the ground of a direct issue between the merits of the two schools. To us, this view is not the one which will most repay our consideration. It is true enough that the two schools must fight out their battles by actual demonstration in private and public practice, so that the people may know which is most worthy of their trust and confidence; and in the contest between the old school and new we shall give no uncertain or doubtful voice. But the question as considered by legislators is a very different one, and is contained in the broad political problem of minority representation. In Michigan, as elsewhere, the advocates of homœopathy are still in the minority. But it is a minority so strong in wealth, in intellect, in education, in reputation and influence, that its just demands cannot be trifled with. When such a minority exists, it would be the most stupendous folly for the majority to pass over their demands with contempt. It would be a mistake in policy which American legislators are too shrewd to make, a political error from which they are warned by the whole tenor and drift of republican legislation, which is the more successful the nearer it approaches the republican ideal of equal rights to all. When, therefore, a minority can say with truth, "We have paid

for one-third of the cost and maintenance of this institution, and we desire to be represented in its management," the demand is a just one, and one to which an acquiescence is already pledged by the policy of our National and State governments which recognizes a minority representation as one of the fundamental elements of republican organization. Homœopathy has received the benefit of the practical application of this policy by the Michigan Legislature. The question will be brought, ere long, before the legislators of other States, and it would be well for us who have the best interests of homœopathy at heart, to keep ever in mind for ourselves and the public, the fact that we are a strong minority, taxed for the support of sectarian medical institutions in whose management we have no voice, and from whose benefits we and our clients are practically debarred. We cannot afford to ask as a favor what should be demanded as a right, and until we make that demand in a practical and political way, it will never be granted. We are glad to know that homœopathic hospitals and homœopathic colleges are gaining in strength and efficiency throughout the country, and such aid and encouragement as we can give them will be cheerfully extended without partiality and without jealousy. But the policy of the MEDICAL UNION, as regards homœopathy, contemplates a broader scheme than this. We seek to place the old and the new school face to face before the public. As homœopathists pay one-third of the taxes in this city, we claim their right to be represented in the direction and management of our public hospitals and charitable institutions, and if we ever have a State University, we must have homœopathy represented in its medical department. In brief, we claim our right to the benefits of minority representation.

We cannot predict the result of the late action of the Michigan Legislature. In common with all true friends of the cause, we have been sorry to hear of the constant strife and discord that has lately disgraced the fair record of homœopathy in Detroit. We are ignorant of the details of this quarrel, and we do not care to be informed on the subject. We shall be rejoiced if it does not prevent the harmonious action which is necessary in order to reap the full benefit of the victory. With the hope that those who have striven so long and nobly to secure the just recognition of homœopathy in the Michigan University may use their victory wisely, we wait the issue with anxiety lest so great a prize should be miserably lost.

THE AMERICAN DISTRICT TELEGRAPH CO. is a nuisance to all doctors who dislike to be called out at night. The time was when a man would think twice before he sent for his physician in the dead of night. The bitter cold night, or a storm of rain or snow would induce many to go back to bed again, and wait till morning. Thus the doctor took his ease. But now, by the aid of this infernal little machine, the doctor is summoned by telegraph. The head of the house just touches a knob and in two minutes a messenger is at the door; he receives his orders, and the marvelous celerity with which he goes for the doctor and delivers him to the patient, like a bundle of live medicine, is simply outrageous. The doctor is now sent for three times where he used to be called once, just because it is no trouble to send.

The Medical Union Clinic.

I take pleasure in forwarding two cases which have occurred in my surgical practice during the past month, which I consider of great interest, not so much on account of their pathological importance as on that of their rarity.

CASE 1. *Hemorrhoidal Hernia in a boy seven years of age.* H B., of No. — St. James' Place, Brooklyn, having suffered, at the age of two years, a severe and prolonged attack of constipation, developed soon after in a small tumor, half an inch back of the verge of the anus, which, producing no marked inconvenience at first, was completely overlooked. The tumor increased in size, however, and when the child reached his seventh year the growth was as large as a walnut, and produced marked inconvenience at this juncture.

March 10, 1873.—I was called in consultation by Dr. Sumner. Upon examination I diagnosticated a hemorrhoidal tumor, which by the violence of the strain during the mentioned attack of constipation, had ruptured the fibres of the sphincter and protruded through them, carrying with it a fold of the intestinal mucous membrane, forming an external tumor, which I feel justified in calling a *hemorroidal hernia.*

I determined upon a surgical operation, and practised it in the following simple manner:

Having *reduced* the *hernia* as completely as possible, I passed an armed needle internally through the fold of mucous membrane that formed the attachment of the tumor, and gave the thread to an assistant, directing him to pull gently, keeping by this means the mucous membrane within the anus. I again drew out the tumor through the rupture, passed a suture pin through its base, in the direction of the ruptured fibres, then a curved needle, armed with a double ligature, at right-angles, under the pin and *through the ruptured fibres*, and tied one on each side under the extremity of the pin, which I then withdrew, having thus not only strangulated the tumor, but also passed two sutures through the ruptured fibres of the sphincter.

Subsequently the tumor sloughed and the remaining ulcer healed kindly, leaving the parts looking naturally and the patient in perfect health.

CASE 2. *Dislocation of the head of the femur in a lady over eighty years of age.* On the 20th March, 1873, Mrs. W——, of No.— Henry Street, Brooklyn, aged 82, while going down stairs, overlooked the last step and fell forward and outwardly upon the

left knee. She was unable to rise, and was consequently carried to bed where she remained for eight days, without any medical assistance. At the end of that time I was consulted, and found upon examination that the head of the left femur had been driven out of the acetabulum upwards and backwards upon the *dorsum illii.* The patient suffered no actual pain while at rest, but did suffer violently upon the slightest motion of the trunk, or of the limb. The dislocation was readily reduced by means of extension and manipulation combined, and painless motion immediately followed. This is one of the very few cases on record of dislocation of the thigh at such an extreme age.

A. VARONA, M. D.

CASE 1.—*Adenoma of the Breast.*—Miss C., 40 years old, was sent to me by Dr. T. F. Allen, for surgical treatment. The patient had a large tumor occupying the left breast, and its rapid growth, together with the pain and debility caused by it, seemed to render its immediate removal necessary. Various opinions had been given by physicians as to its nature and probable termination, and indeed, the appearance of the tumor was so peculiar, that an accurate diagnosis from inspection alone would have been extremely difficult. I cannot give a better idea of its appearance than by comparing it to a large bunch of black Hamburg grapes, covered with a thin investing membrane. The nipple was retracted. The whole tumor when lifted from its bed was pretty dense and solid, although it did not have the stony hardness of schirrus. The tumor could be moved freely upon the pectoral muscles, but the skin was adherent to a considerable portion of its outer surface. There were no enlarged glands. There was considerable pain developed by handling the tumor. The patient was in feeble health, of sallow complexion, and despondent, but she did not seem to have the peculiar cachexia of cancerous disease. The tumor first made its appearance about two years before it came under my notice. Under Dr. Allen's care its growth was for a time arrested, and its size diminished under the administration of Phytolacca, but latterly it had increased with such rapidity that its removal was considered advisable.

Jan. 8th, 1872.—At the Hospital for Women, I removed the entire mass, extirpating every trace of the tumor and mammary gland. The operation presented no peculiar difficulties. The tumor came away easily, as there were no deep attachments, and the hemorrhage was so slight that no arteries were ligated. The after treatment was of the simplest description. The wound healed kindly, and the patient has as yet no symptom of any return of the disease. My diagnosis of the disease was: a fibro-cystic tumor, and my prognosis was favorable. An examination of the tumor showed, however, that it was a case of glandular hypertrophy, a true adenoma of the breast, exceedingly rare and interesting. Billroth remarks concerning these tumors: "* * From my own observations, I must consider true adenoma of the breast as very rare; I have only seen it once, it was then in tubular form." Förster and others, however, describe acinous adenoma of the mamma; on account of this rarity not much can be said about the prognosis of these tumors, which usually remain small. They are generally considered as entirely benignant; but, on anatomical grounds, it seems to me probable that they cannot differ much in prognosis from carcinoma. (Surg. Pathology, p. 614.)

CASE 2.—*Building up a Nose.*—This was a case where the cartilages of the nose had been eaten away by syphilitic ulceration, which had also destroyed the columna, separated the alæ from each other in the median line, and left, instead of a nose, a hole bounded above by the inferior border of the nasal bones, on each side by the retracted alæ, and below by the upper lip. This horrible deformity was remedied, in part, by Dr. Carnochan, who united the alæ, and thus bridged over this nasal chasm, *par glissement.* He then formed a columna by turning up an oblong flap from the upper lip, made through its entire thickness, and left attached to the lip at its upper end, while the free border was stitched into the tip of the nose, the divided lip being brought together by hare-lip pins. This ingenious operation succeeded perfectly in closing up the unsightly hole in the patient's face, but the subsequent retraction of the parts left her with not much of a nose to speak of. When she came under my care, a line drawn from the bridge of the nose to the chin barely touched the tip of the nose.

My operation was for the purpose of pushing out the tip of the nose so as to make it more prominent, and was conducted as follows: An incision was made, beginning in the right nostril, about a line from the columna, and terminating at the free border of the lip in the median line. A similar incision was made from the left nostril, meeting the first incision at the free border of the lip. These incisions were carried down to the bone at the upper part, and included the entire thickness of the lip. I thus formed a V-shaped flap, the apex being at the free border of the lip, the base being formed by the root of the columna. The whole flap was in fact a prolongation of the columna through the upper lip. I now freed the flap from its attachment to the bone, and at the same time I passed my knife behind the alæ on each side, dividing the tissues subcutaneously so as to allow of greater mobility in the parts. I next united the wound in the lip with hare-lip pins, beginning at the free border of the lip. When I reached the upper portion of the lip, I inserted the tip of the flap into the incision, and included it in the united wound. Finally, I drew the whole fleshy part of the nose well forward, and supported it in position by a long gold acupressure needle, which I passed through the nose from one side to the other, so as to rest upon the nasal border of the superior maxillary bone on each side. The cavity of the nose was then carefully filled with pledgets of oiled lint, and the wound in the lip supported by strips of isinglass plaster. The operation succeeded beyond my expectations, and the result shows that half an inch on one's nose makes a considerable difference. The only fault I can find with the result is, that the tip is elevated a little too much, is rather too much of a *nez retroussé*, but as the patient is perfectly satisfied, I am content to let it alone. This operation was also performed at the Hospital for Women, May 18th, 1872.

CASE 3.—*Giant-celled Sarcoma of the Lower Jaw.*—This case illustrates the wonderful rapidity with which some innocent tumors are reproduced when the operation for their removal is not sufficiently thorough. In November, 1870, a girl, 16 years old,

was admitted to my surgical clinic with a tumor in her mouth that had been growing about a year. The growth occupied the place of the second molar tooth on the right side, was about the size of a pigeon's egg, and so overlapped the gum as to give the impression, on superficial examination, that it was merely a surface growth which could be entirely removed by a ligature. So convinced was my assistant that the tumor could be effectually disposed of by the ligature, that I applied the ligature so as to remove at once all the projecting part of the tumor, which was of such consistency that it was readily shaved off by the ligature as by a knife. At the same time I told the class that they would have an opportunity of seeing for themselves how rapidly the tumor would form again. In just one week from that time the patient presented herself and her tumor again in the clinic, and the most critical examination could not detect any evidence that the growth had ever been removed or interfered with—in fact, the tumor had been entirely reproduced in four days. This time I removed, besides the growth itself, that part of the jaw from which the tumor took its origin. The wound healed nicely and there has been no return of the disease.

The location of sarcomatous tumors upon the gums (epulis) is generally only apparent. They commonly take their origin from the cavities or sockets of decayed teeth, as in this instance where the growth sprang from the very bottom of the tooth-socket. The term "giant-celled" was first applied by *Virchow* to a peculiar form of sarcoma, containing the largest cells of unformed protoplasm that are ever seen in man. The microscopic examination of this specimen showed all the characteristic appearances of the giant-celled sarcoma.

CASE 4.—*Encephaloid and Schirrus Cancer of the Eye.*—This case is interesting from the probable occurrence of two forms of cancer in the same organ. Mrs. Harris, 43 years old, married, came under my care with a tumor protruding from the right orbit, and apparently filling the whole cavity. The tumor was irregular in shape, lobulated, having the appearance of a fungous growth, giving considerable pain, and the fetor was a nuisance to patient and family. It was impossible to obtain from her any intelligent history of the case, but the main particulars, as ascertained, were these: Fifteen months ago a small tumor appeared in the inner angle of the right eye, exterior to the eye-ball. The tumor was "white, streaked with red." At first it grew slowly, advancing over the front of the eye towards the cornea. Last March the tumor began to grow rapidly, extending from the inner to the outer angle, obscuring the whole orbit giving intense pain, and frequently bleeding copiously, and the color of the tumor deepened to a purplish blue. The bleeding has now ceased and the pain has diminished, but the tumor is increasing in size, and is covered with purulent matter, which is quite offensive. By pushing aside the outer border of the tumor the patient says she can distinguish light from darkness, though nothing like an eye can be seen in the cavity, its place being supplied by a granular purulent mass, apparently of the same structure as the rest of the tumor. I find on trial that the sense of vision is entirely lost.

July 21st, 1866.—I placed the patient under chloroform and removed the entire mass contained in the orbit. There was but little hemorrhage during the operation; the cavity was lightly dressed with carded oakum, and in a few days the patient returned to her home in another part of the State. An examination showed that the tumor had obliterated all traces of the eye, the cavity of the orbit having been completely filled with the mass. On subjecting the specimen to a microscopic examination, I found a portion of the tumor, from the point of origin at the inner angle of the eye, presented a dense fibrous structure, and the interfibrous tissue was crowded with the cells of hard cancer. This portion was about the size of a small filbert, and terminated abruptly in a softer tissue that was easily broken down under the pressure of the fingers. In the softer or encephaloid portion of the tumor, the cells were of large size, ovoid or spherical in shape, some of them caudate. In many instances the cells of smaller size were grouped together and enclosed in one large investing membrane. The larger cells had sometimes two or three nuclei. No appearance of fibrous tissue was observed in this portion of the specimen.

A very interesting pathological question arises as to the nature of the tumor. The patient was forty-three years old, past the usual age at which the encephaloid disease attacks the eye; indeed, it is denied by some that encephaloid ever occurs in adults, and yet there appears to be very little doubt that the larger mass of the tumor was encephaloid cancer in that stage of the disease known as fungus hæmatodes. The occurrence of schirrus as part of the same tumor, as seen in the examination of the first specimen, is another point of interest. Lastly, the growth of the cancerous mass seemed to commence exterior to the eye-ball in the ocular conjunctiva. This might not be inconsistent with the habits of hard cancer, but is certainly unusual in the encephaloid variety. My solution of the problem, if, indeed, it is a solution, is that the two forms of cancer attacked the eye separately, the schirrus coming first and growing slowly from the exterior; the encephaloid appearing later, in the interior of the eye, growing rapidly, absorbing all the structures of the eye, and finally enveloping and becoming adherent to the schirrus.

JOHN C. MINOR, M. D.

Suspended Animation treated with Dry Heat.—Some time since, on entering a house to which I had been summoned in a case of labor, I found the child born, and a physician trying to animate it by artificial respiration and the other means usually resorted to in these cases. On reaching my patient, he had found the child in the world with the exception of the head, which was retained in the vagina. The mother remarked it had been in that position for nearly ten minutes. This, probably, was an exaggeration; but my friend said when he arrived, the cord was cold and entirely pulseless. I was convinced that any further efforts of the kind which had already been used would be useless, and determined to try the effect of dry heat. Closing all the registers on the floor, but the one in the room, I placed some pillows in front of that, and wrapping the child in a flannel blanket placed it with its back to the register, but a few inches in front of it. In a few moments I noticed, for the first time, a faint gasping, and in fifteen minutes from the time it was placed in position, was gratified with a lusty cry.

Animation was fully established, and the child is now living. I have frequently had occasion in these cases to use dry heat, and in more than one instance have succeeded in restoring animation where every other means had failed.

EGBERT GUERNSEY, M. D.

Mammary Abscess.—About three months since, I attended a lady in confinement; her progress to health was natural and rapid, and I ceased attendance. A short time after I was called to see her, and found her with an inflamed breast—one side swelled, indurated, and painful. I applied Ham. and Bell., externally, giving Acon. and Bell., internally. The next day there was not only no improvement, but the inflammation had extended around to the opposite side. I continued the treatment. On the third day I found no progress for the better, but rather indications that there would certainly be suppuration on both sides of the breast if the inflammation was not checked. From the intense, shining redness of the gland, I determined to try Apis. I put about two drachms of the first dilution in a teacupful of hot water, and applied cloths constantly wet with it to the breasts, and gave Apis—second dilution—internally. The next day, on calling, I was surprised to see the change. The intense redness had disappeared, leaving a pale, pinkish, shrivelled appearance of the skin; the swelling was softening and subsiding on the side of the breast where it made its last appearance. I continued the treatment. The part first attacked went on to suppuration, but that was soon over and healed. From the action of the Apis on the inflammation in this case, I believe if it had been applied at the first appearance of swelling or inflammation it would have checked it and prevented a mammary abscess.

W. FREEMAN, M. D.

Correspondence.

BUFFALO, March 20th.

EDITORS MEDICAL UNION:

SIRS—While reading an article on Sanitary Legislation in the last No. of the UNION, I read: "It should supervise the enforcement of compulsory vaccination throughout the State."

Would it not be well to specify what the people are to be vaccinated with? A physician in the vicinity of Buffalo (I can give you names if you wish) was authorized to go through a township and vaccinate every one of its inhabitants, which he did—going through several schools. The sequel shows that not an individual is protected from small-pox, as several have since died of it, but every one is diseased, and some for life. Many of the victims present a sadder spectacle than any case of small-pox, inasmuch as death would come to the relief of the latter, while the former only live to suffer. Ought not the MEDICAL UNION try and stop this wholesale poisoning, which has been going on for generations, and advocate using *no more* humanized virus, but that only direct from the kine.

Yours, in the cause of Medical Reform,

MRS. E. G. COOK.

342 *Washington Street.*

Reviews of Books.

A MANUAL OF HOMŒOPATHIC VETERINARY PRACTICE: DESIGNED FOR HORSES, ALL KINDS OF DOMESTIC ANIMALS AND FOWLS. BOERICKE & TAFEL, New York, 145 Grand Street.

THE design of the present work, as stated in the preface, is two-fold: "The first part relates to the choice, feeding, training, and breeding of the animals and fowls useful to man; while the second part describes the various forms of disease and different casualties to which these animals are liable, designates the principal remedies and their chief indications, and suggests the proper dietetic and accessory treatment. But to these two general divisions is added a third, the Materia Medica, apparently secondary to the latter, but in reality no less important." The author claims to have embodied in this work the researches and experience of the best writers and practitioners upon these subjects in the world; and while the homœopathic literature in England, France, Germany, and our own country, which has recently been so full of practical suggestions and scientific investigations upon those matters, has been freely placed under contribution, the most practical thoughts of the best allopathic writers have been incorporated in its pages.

The work is of great value, and contains the latest and fullest information upon the subjects of which it treats. It will not only form an important addition to the physician's library, but is full of just that practical information about the selection, care, and treatment of animals which every one needs.

MORBUS BRIGHTI. By JOSEPH BUCHNER, *Doctor of Philosophy and Medicine, Member of many learned Societies and Academies in Europe and America, President of the Homœopathic Hospital in Munich, Professor at the Ludovico Maximilianea.* Translated by SAMUEL LILIENTHAL, M. D. BOERICKE & TAFEL, New York. 1872.

WE have greeted with pleasure the appearance of this work.

Although the increase of our knowledge of diseases of the kidney has been so great and rapid during the past quarter of a century, yet there still remains much that is veiled in uncertainty and obscurity.

Monographs written by men profound in study and tireless in their researches are always the most valuable of books. As they are generally the fruits of the careful observation and long experience of specialists, they are always regarded as weighty, and authoritative upon the subjects which they touch.

We heartily endorse the tendency to monograph writing, as we think greater advances are made in science and medicine by the careful and exhaustive study of single subjects, than in the lightly skimming over of general medical topics.

This book is written by a Homœopath, well known in both the old world and the new.

Unfortunately, the translator has failed to put into flowing language, or express in a lucid manner, the thoughts of the writer.

Many of the sentences are exceedingly long, obscure, and ungrammatically constructed; and as the punctuation is faulty, it is somewhat heavy

reading. The author, however, conveys so much that is novel in the ætiology, and is so exhaustive in his remarks upon the progress and treatment of Morbus Brighti, that it is well worthy the perusal of every practitioner, even if the matter is not presented in a very attractive style.

The writer commences with the history of the disease. Beginning with the writings of Hippocrates, he hastily speaks of what has been contributed to the literature of the subject from then to the present time. He rather curiously heads the chapter on the physiology of the kidney, the dignity of the renal functions. It is complete and exhaustive, and in it he also shows the functions of the kidney in excreting medicinal matters, and what changes many remedies produce in the structure of the kidney. His remarks upon the kinds of food which affect them, are good, and important to the practitioner in the selection of a proper diet for his patients.

His experience of the frequency of the disease does not concur with that of Frerichs, Traube, Roberts, and other writers. He says "that among chronic cases more die from Bright's disease than from tuberculosis, without counting the acute forms of uræmia, which, falsely diagnosed and wrongly treated, are so frequently fatal." Now, from one-seventh to one-fifth of all people die from tuberculosis, and fully one-fourth at the period of life when Bright's disease most commonly occurs, which, according to Dr. Buchner, is from the twentieth to the fortieth year. Certainly in this country, neither in hospital nor in private practice, do more than one-fourth of the fatal cases which occur at this period of life arise from Bright's disease.

Hereditary influence is strong in this disease, a point which has hitherto not been much noticed. He finds it not only transmitted from father to son, and from mother to daughter, but also more generally than in tuberculosis from mother to son, and from father to daughter.

Next in order he speaks of the pathology, which is very minutely given, but not sufficiently carefully arranged as to present a clear and striking picture of the ravages of the disease in its different stages.

He divides it into three stages, that of hyperæmia and cylinder formation, of fatty infiltration and degeneration, and of atrophy and cirrhosis.

He does not acknowledge the acute croupous or desquamative nephritis to be a variety.

In fact, this form occurs usually only in scarlet fever, measles, typhus fever and cholera; and it is rare for it to pass into the parenchymatous form. To prove that the exudation is not fibrinous, but rather albuminous, and therefore not a result of à croupous inflammation, he says: "1st. It does not act paralysingly on the affected parts, nor are the neighboring organs affected *excontiguitate;* 2nd, it is not organizable; 3d, in cholera there is no croupous inflammation of the intestine; and 4th, similar processes of other organs, as chronic catarrhal pneumonia, are by nobody considered as croup." He passes next to the ætiology of the disease. In enumerating the causes he speaks of two novel ones hitherto unmentioned, viz.: hypertrophy of the thymus gland and diseases of the cardiac nerves. He thus describes the pathological process of the former: "The tongue-shaped thymus, when resting on a gonorrhœal, scrofulous or rachitic diathesis, grows in consequence of passive hyperæmia, either before or after birth, to the parietal part of the pericardium, whereby the left heart is so disturbed in its action, that the muscle gains in flesh in order to perform its function. Dislocation is thus more or less produced. Whenever the pericardium attaches itself also to the serous membrane of the diaphragm, greater dislocation of the heart, and of the large blood-vessels, takes place, causing slow albuminous degeneration of the kidney, but more yet pulmonary stasis and capillary inflammation, because the passive stasis divides itself between lungs and kidneys; but in the first case, where the left heart alone becomes hypertrophied without an affection of the diaphragm, the kidneys degenerate more quickly." He then dismisses it with some remarks upon the prognosis, from which we learn that it generally occurs during infancy, and usually runs a rapid course to a fatal termination.

Of the latter cause he writes: "As all organic alterations, especially of the right heart, may cause Morbus Brighti and its pregnant partial phenomena, and as we have shown that it may, on the part of the venous circulation, emanate from the kidneys, so we may also declare, that all imitations of heart diseases, *i. e.*, *affections of the nerves of the heart*, especially hyperæsthesia, neuralgia and neuralgia intermittens, neuroses of motility in general, may be followed, after lasting some time, by uræmia up to albuminuria, may reach in intensity the forms of the former, but they seem to run their course in a shorter time, and are less dangerous."

These fine-spun theories should not be called "far-fetched" or absurd, but rather be passed by in silence until they be proven or disproven by further investigation, and other methods of reasoning. They at least show our author to be an original thinker as well as a close observer. They indicate the patient, plodding, searching, German mind, to which the art of medicine owes so much for her recent advancement, and the scientific world is so deeply indebted for very many of the recent discoveries in science and the collateral arts.

In speaking of the relation of Bright's disease to hypertrophy of the heart, he does not coincide with the common opinion of modern writers, that the latter is a sequela of the former. He does not arrive at his conclusions, however, simply from the experience in his practice, but deduces from the results of his experiments with drugs upon animals that as in the artificially produced Morbus Brighti, the heart is primarily affected, the same conditions must necessarily prevail in the true disease. Then follow the chapters on the prognosis and differential diagnosis, which are nicely arranged and well written.

In speaking of the symptoms he lays much stress upon the nervous derangements arising from the presence of carbonate of Ammonia in the blood.

He does not entertain for a moment the idea that they may arise from the retained urea *per se*, but speaks of the certainty of carbonate of Ammonia as the toxic irritant with an assuring positiveness which utterly disarms one of the idea that he is touching upon a disputed point which is not as yet satisfactorily settled. His description of the origin of the carbonate Ammoniate from the splitting up of the retained urea under the fermenting fibrine is exceedingly good. At last he enters upon the therapeutics; in the chapter on diet we learn that here everything is to be avoided which acts medicin-

ally upon the kidneys; such as champagne, Moselle, parsley, onions, asparagus, etc.

The two great remedies, he says, are Arsenicum and Phosphorus; Cuprum, Aurum, Terebinth, and a few others are useful in meeting certain symptoms. "Arsenicum and Phosphorus bear a proportion to each other as right to left; Arsenicum affecting the left heart, Phosphorus the right one. In other words, the former causes arterial stagnation, the latter venous stagnation with or without disturbance of the lesser circulation."

Consequently he uses Phosphorus when the right heart or pulmonary artery are implicated, or when the disease is complicated by lung difficulties; Arsenicum in the simple uncomplicated form, or when hypertrophy of the heart is co-existent. The results of his provings of the drugs are elaborately given, and contain much of interest. Many of the conclusions deduced upon the action of drugs on the human system are full of theory, which is as novel and entertaining as it is fanciful. To the phenomena produced he draws particular attention, because he says in eclampsia the question arises shall Arsenicum or Phosphorus be given; to which he answers: "The solution is simple; Phosphorus is indicated in symptoms of cerebral atrophy, and Arsenicum in œdema cerebri." The last concerning Arsenicum is correct, for it is generally acknowledged at the present time that œdema of the brain is a frequent cause of convulsions and coma. As œdema of the body is usually more or less extensive, and as we know from the ophthalmoscopic revelations that it very often extends to the brain, certainly where these conditions prevail Arsenicum is a good remedy.

But cerebral atrophy has not hitherto been recognized in Bright's disease, and as our author gives neither experiments nor proofs to sustain his assertion, his theory should be received with caution. Atrophy of the brain has so far been only recognized in brain diseases, as a result of old age, and at the close of long exhaustive diseases. In all of these conditions Phosphorus is the great remedy, but it is doubtful, even if our author's premises are correct, that cerebral atrophy could be diagnosed amidst the train of nervous phenomena which follow Bright's disease. Then follows a well-written chapter on uræmia—he defines it as a "toxæmia by carbonate of Ammonia, which under certain conditions abnormally arises within the circulation, whenever the urea putrefies before its passage through the longitudinally stretched vessels of the renal pyramids; *i. e.*, whenever it can draw one per cent. of water within the reach of its formula." Further on, in the remarks upon the origin of the carbonate of Ammonia, he says: "Mobile azotic protein bodies, which in a state of molecular motion set up fermenting processes in stationary indifferent carbonaceous hydrates, and in other matter with which they come in contact, act, according to Kletzinsky, as ferments, as instigators to putrefaction, as metabolic matter. The excrementitial urea begins to putrefy, when, stagnated by disturbed excretion, it meets the catalytic power of an anomalous, loose, dissolving fibrine. Only accumulated urea is present in the blood; a softer retrogressively decaying fibrine meets it, and becomes itself a ferment, and through propagation of its decay hands it over to hydratation, a negation to oxydization and life." He enumerates the causes of uræmia fully and clearly, mentioning among them, the nutritive disturbance of a portion of the fossa rhomboidea of the brain. He divides uræmia into four forms: "The *comatose*, occurring in scarlatina, measles, intermittent fever, genuine Morbus Brighti; the *eclamptic*, in pregnancy, puerperium, hypertrophy of the thymus, whooping-cough; the *asphyctic*, in Asiatic cholera, myocarditis; the *paralytic*, in some epidemics of cholera, and in lying-in women."

This division is good and serviceable, and he describes each form quite fully.

The remedies which he has found most valuable are *Arsen.*, *Cupr.*, *Phosph.*, *Aurum*, *Terebinth*, *Prussic Acid*, and *Nicotine*. In the remainder of the book he devotes a chapter each to the waxy kidney, albuminuria, and dropsy. He heads the first of these, Morbus Brighti Syphiliticus, which seems quite an appropriate title.

The translator adds an appendix, containing brief remarks upon the "newest" remedies which have been used in this disease, with some valuable comments.

In conclusion, notwithstanding the intricately entangled sentences, the many obscure passages, we have read this book with a great deal of interest. It contains much that is valuable. Good books, like fine paintings, often become more enjoyable upon close scrutiny and repeated examinations. So this bears well re-reading, as it contains so much of practical value, locked up in finely-woven theories.

W. N. G.

Transactions of Societies.

MEDICAL SCIENCE ASSOCIATION.

A MONTHLY meeting of the Medical Science Association was held March 11th.

Dr. Minor made some remarks upon Tracheotomy. He exhibited a new instrument to be used instead of the ordinary tracheotomy tube. The objections to the ordinary tube are many, and are too well known to need any recapitulation. Among the most important are, 1st, the difficulty of keeping the tube clear from mucus, shreds of membrane, etc.; 2d, the necessity of having several tubes of different sizes in order to accommodate the instrument to infants or adults. These and other objections are overcome in Dr. Minor's instrument, which consists of a pair of wire retractors, curved somewhat like an ordinary tracheotomy tube. These retractors slide upon a wire bridge, on which they can be fastened at any point by the turn of a screw. When closed, for insertion into the trachea, they present a thin, rounded surface, the thickness of two wires, thus rendering this part of the operation much more rapid than when the bulky tracheotomy tube is used. When the wires are inside the trachea they are passed down till the bend of the wire, corresponding to the shoulder of the ordinary tube, comes down to the surface of the skin. The wires are then separated as widely as the operator prefers, and fastened in position. The instrument is retained in its place by a tape around the neck as in the case of the ordinary tube. When the instrument is *in situ* its advantages are seen at a glance. The wound in the larynx is held open by an instrument which practically occupies no space in the larynx. The larynx is unobstructed. There is no tube to become

blocked up. If suffocation occurs from membrane or mucus the offending substances can be reached directly through the wound, and the patient's life is never perilled by the obstruction of the instrument. The eye rests upon the mucous membrane of the trachea which is not hidden at all by the instrument, and thus the diagnosis and prognosis of the case is easier than when the trachea is filled with a tube. The instrument is valuable in operations for the purpose of removing foreign bodies from the windpipe, cases in which the tracheotomy tube is useless. In answer to a question from Dr. Ellis, Dr. Minor gave it as his opinion that tracheotomy was always preferable to laryngotomy when undertaken for the relief of croup or diphtheria in children. The operation is one of variable facility, sometimes being wonderfully easy and rapid of execution, and, in other cases, being exceedingly difficult and dangerous. In the adult it is generally performed readily enough, but in infancy, when the neck is short and fat, the operation is generally difficult and tedious.

A discussion followed upon the medical treatment of membranous and diphtheritic croup.

Dr. Hallock recommended the use of the vapor of iodine. He did not restrict it to local use, but allowed the whole room to become impregnated with it. A few grains of iodine are put into a shallow vessel, which floated upon a larger one, containing water in a state of constant ebullition. The generated steam disperses the iodine vapor throughout the room. The vessel should be a large one that the steam may be furnished in large quantities.

Dr. W. N. Guernsey commended the use of Bromine.

It is nebulized into spray by means of a steam apparatus, and used for ten minutes at a time at intervals during the day and night. He uses it according to the following formula:

Recipe—Bromine, 1 grain; Potassii Bromidi, 1 drachm; Aquæ, 1 ounce. Mix.

It stimulates the mucous membranes powerfully, and often, under its use, the membranes are thrown off. Owing to its irritating properties, the eyes should be properly protected.

Scientific Gleanings.

Diagnosis of Death by the Pupil.—If a fully dilated pupil is found in connection with the cessation of the respiration and the circulation, we may safely conclude that life is extinct, and that the process of artificial respiration would be futile. In a case of bronchitis in a child, death had apparently suddenly taken place, but the pupil remained contracted, and artificial respiration brought the little patient round, with the aid of friction to the feet and legs.

Sponge Tents.—*To Prepare Rapidly.*—Having wet the sponge to be used with water, and then pressed it as dry as the strength of the hand will allow, press it into a quill, or any suitable tube or mould. If it is now immersed in spirit sufficiently strong (90 to 100 per cent.), it will immediately set into the given shape, and will be hard and inflexible, and can be cut or trimmed to a point if desired. To restore it to its former size and shape it is only necessary to moisten it with a few drops of water.

Spina-Bifida.—*Ligature.*—A case of spina-bifida is related in which the tumor was successfully removed by means of ligatures. Two days after birth a silk ligature was applied round the neck of the tumor and only tightened slightly. The following day another ligature was applied a little tighter without disturbing the first, and the following day a third. The three ligatures were all kept on until the tumor sloughed off, which it did in three weeks, leaving only a very small wound, which readily healed. Three years have now elapsed and the child is strong and healthy.

Varicose Veins.—*Obliteration.*—The division of veins on account of varicosity, if unaccompanied with some measure whereby the divided ends are effectually occluded, is a proceeding attended with great danger. Two needles should be passed under the vein to be divided, and slight pressure made on the vessel by means of ligatures passed over the ends of the needles. The vein may be now divided subcutaneously between the needles with perfect safety. By about the fourth day all symptoms of irritation will have subsided and the needles may be removed. This simple plan of treatment is very effective in the cure of varicocele.

Transfusion of Blood.—In the year 1667, the Royal Society witnessed the successful transfusion of the blood of a sheep into the circulation of a man in perfect health. The subject of the experiment was Arthur Coga, who, as Pepys says, was a kind of minister, and, being in want of money, hired himself for a guinea. Drs. Lower and King operated, injecting twelve ounces of sheep's blood without producing any ill effect. The operation was repeated, in a day or two afterwards, on Coga, when fourteen ounces of sheep's blood was substituted for eight ounces of his own. Pepys went to see him, and heard him give an account in Latin of the operation and its effects.

Chronic Bright's Disease.—*Change of Climate.*—It is found that the mortality from renal disease is infinitely greater in England than in warmer and less changeable climates. In St. Mary's Hospital, London, the proportion of deaths from renal disease to the total number of deaths is as 1 to 31, in the whole of London as 1 to 49, in Paris as 1 to 266, in Bombay as 1 to 2,800, in Genoa as 1 to 4,303. These facts warrant the expectation, in cases of chronic Bright's diseases occurring in temperate climates, that arrest of the diseases or retardation of their progress, as well as increased and prolonged tolerance of them, may often be effected by a timely change of climate.

Torsion of Arteries.—Mr. T. Bryant has made many interesting experiments upon torsion of arteries. After the ends had been twisted, the arteries were filled with vermilion-colored wax injection, and sections subsequently made. In the majority of cases it was found that the hemorrhage is arrested simply by the inner coat being divided, and curving inwards, forming complete valves, not unlike the semilunar valves of the heart. This is the most perfect mode of closure, and to procure it the artery must not be too much twisted, and twisting of the end completely off is to be avoided. Four or five turns are generally quite sufficient for the purpose wanted. In some cases the inner coat does not incurve, but breaks up more or less into shreds, the blood coagulates amongst these, and the

artery becomes firmly closed, but the support of the external coat is necessary. The more the end of a large artery is twisted, the more is the inner coat broken up, and the greater is the danger of disturbing its valvular incurvation.

NURSING SORE MOUTH.—Dr. N. S. Davis regards the affection as arising essentially from a deficiency of phosphatic salts in the blood. The woman, in furnishing from the blood the material necessary for the nutrition and growth of herself and child, does not assimilate these salts just enough to supply the demand. The indications for treatment are chiefly to supply this deficiency, and no tonics merely as such, which do not contain these salts as prominent constituents, will do any permanent good. As soon as the patient feels the scalding and tender sensation about the edge of the tongue and mouth, she should be required to take regularly a fluid drachm of the compound syrup of the hypophosphites at each meal time. Another excellent prescription is the mixture of extract of malt, two parts, and compound syrup of hypophosphites one part, given in doses of a small tablespoonful at each meal.

EXPERIMENTS ON THE CIRCULATION OF FROGS.—Dr. Boldt has been studying the effects produced by the active principle of drugs thrown into the circulation of frogs. The intestine and mesentery were exposed, and the movement of the blood watched through the microscope. Twelve experiments of digitalis showed that it produced a strong contraction of the peripheral vessels, which is followed by a marked slowing of the pulse, and this, if the dose be large enough, by laming of the heart, as shown by smallness, rapidity and irregularity of the pulse, with a vibrating or undulating blood-stream; finally, after a short increase in rapidity, the pulse falls with great suddenness, and then, with general vasa motor paralysis, the animal dies. Eleven experiments with veratrine show that it directly paralyzes the heart and arterial muscles. Twelve experiments with ergotine resulted in a constant lowering of the pulse rapidity, by both large and small doses, accompanied by peustaltic or wave-like contractions and expansions of the artery.

QUININE IN WHOOPING-COUGH.—Dr. Letzerich, of Germany, asserts that he has discovered a form of fungoid growth which vegetates in the epithelium of the air-passages, and by its irritation causes the convulsive attacks of coughing. The expectorative mucus, he says, in patients suffering from pertussis, contains masses of brownish-red spores with occasional threads of mycelium, which, in the latter stages of the disease, become very abundant. These observations were made by experiments on rabbits, into whose trachea he introduced the fungus. In a short time the latter became affected with a noisy and violent cough—a genuine whooping-cough. On being killed, the air-passages of the rabbits were found to contain the same fungus as that found in the sputa of human subjects; the mucus presented precisely the same appearance. It is well known that Quinine has a powerful, destructive effect on true fungi and fungus germs, and for this reason Dr. Letzerich, Prof. Binz, and other eminent pathologists, have used it in cases of whooping-cough, with, as they say, the most satisfactory results. They give it dissolved by acid in pure water, in doses of from half a grain to a grain every one or two hours.

CAUSES OF HORSE INFLUENZA.—This subject is very ably discussed by Prof. Law in a recent number of the *Lens*. That it was not occasioned by elevation or soil he concludes from the fact that the epizoötic raged with equal severity among the mountains of Vermont and New Hampshire and on the flat malarious sea-coast of New Jersey, Maryland and Virginia. That it could not arise from a low temperature, as some believed, was shown from the fact that it had a three-fold greater fatality in Fuller Co., Georgia, than in Dodge Co., Wisconsin. The meteorological tables of Toronto, where the disease first appeared, show that it could not have been occasioned by sudden changes of temperature; in September, the month of the outbreak, there was the average barometer and thermometer, and the relative humidity of the atmosphere was normal. There were no acrid or fetid fogs in September, but that month was marked by a high degree of electric disturbance in the atmosphere in Toronto, and this, though not the cause, very likely predisposed the system to an attack of poison which previously existed. The real cause, Prof. Law thinks, is contagion. The contagion in this case is *specific*, confined to one species. Breaking out first in Toronto, it radiated in all directions, following the great routes of travel; and its progress is in nearly every instance traceable to the importation of animals from infected districts. Of the nature of this contagion, there are two theories. One is that the poison consists of fungi, or the like; the other sees in the granules existing abundantly in the diseased organs, the morbific agent. These multiply rapidly, and are conveyed to a considerable distance through the atmosphere in the clothing of human beings. Prof. Morehouse found in the matter from a diseased horse's nostril, and also in the air, the spores of these cryptogamous plants, but he does not tell us whether these same spores were in the air long before or after the disorder, as well as during its prevalence. We have the authority of Dr. Woodward that no *specific* vegetable germs have been found in the air, blood or nasal discharges during the prevalence of the influenza.

News Items.

THE EMPEROR OF AUSTRIA is making a collection of skulls of remarkable criminals.

SEVENTY-FOUR MEDICAL PERIODICALS are published in the United States, and more are coming!

[The following paragraph is going the rounds of all the papers without denial from the parties interested, and we fear that it is true:]

PROF. KOCH, of the Hahnemann College, who disappeared from Philadelphia three weeks since, has been discovered to be a defaulter, having squandered the funds of the college by his dissipated habits.

CITY HOMŒOPATHIC HOSPITAL, ALBANY.—This new Hospital is now open for the reception of patients, and all medical and surgical cases among the poor are treated gratuitously. During the past month the income from the private wards has been sufficient to meet the expenses of the hospital. The Hon. Erastus Corning is President of the Board of Trustees and H. M. Paine, M. D., is the Medical Director.

THE UNIVERSITY OF BERLIN has 1,918 matriculated students for the winter session 1872–3. Of this number 404 belong to the medical classes, 13 being Americans.

THE BOSTON UNIVERSITY.–Some time ago the Hon. Isaac Rich, of Boston, bequeathed a fortune of several millions of dollars for the purpose of establishing a University in the city of Boston. The plan involved Colleges of Theology, Medicine, Law, and Universal Science. At a recent meeting of the trustees of the University it was unanimously resolved to place the Medical Department under the control of the homœopathic physicians, and thus another grand step in the right direction has been taken. To be sure, the honor will cost the friends of homœopathy something, as it is necessary for them to raise some two hundred thousand dollars, but the same spirit that made of the Fair such a success will not be wanting to fulfill this obligation.

CIRCULAR OF THE BUREAU OF ANATOMY, PHYSIOLOGY AND HYGIENE.—In compliance with the resolution adopted at the last meeting of the American Institute of Homœopathy, the Bureau of Anatomy, Physiology and Hygiene has selected the following subject for discussion at the next annual meeting:

What is the best diet for the sick in general, and what the best in particular diseases?

By opening the subject of diet on this broad basis, it is hoped that the discussion may elicit much practical matter relating to this important subject. Papers pertaining to this subject, or to others connected with this Bureau are earnestly solicited. Communications should be directed to the Chairman, or to other members of the Bureau. Dr. A. R. Thomas, Philadelphia, Pa., Chairman; Dr. J. D. Buck, Cincinnati, O.; Dr. S. S. Guy, Brooklyn, N. Y.: Dr. R. N. Foster, Chicago, Ill.

BROOKLYN NURSERY.—This very excellent institution, of which Dr. H. F. Aten is physician-in-chief, and Dr. J. Freeman Atwood, visiting physician, has just presented its first annual report. We cannot give a better idea of the objects of the nursery than in the graphic picture presented by the report. "Our means being limited, and our quarters contracted, we were obliged to refuse over one hundred children. Our hearts were made sorrowful when we saw those mothers turned away with their babes in their arms; sometimes a father with his motherless ones, or a kind woman who came bringing a little helpless child without father or mother. Nearly all these applicants were persons who desired to be at work, and wished to pay for the care given the child. Some parents chose to remain in the institution as nurses to their own and another babe, and this desire we always encouraged. We have shunned making this a pauper institution, feeling that if the mother pays a price, however small, for her child's board in proportion to the wages received, it acts as a healthy stimulant to frugality and industry. The number of children who have been admitted to and cared for at the Nursery is one hundred and thirty. Of this number twenty-six have been taken away by death. Several of these were feeble, one or two of them nearly dying children when brought to us. Others from birth had the seeds of disease sown in them, but to each every care and attention was given by matron and physician, the nurses joining with them in their close vigils and patient watching." The fatality, it will be seen, is very much less than in institutions of a similar character under allopathic care, while the amount of real practical work and good accomplished speaks well for the future of the infant nursery.

MORTUARY REPORT IN NEW YORK.—The deaths in the past twelve weeks have amounted to 6,294—a weekly average of 524—against 6,732, or a weekly average of 561, in the corresponding season of 1872. It is gratifying to learn from the foregoing statement that the present year has thus far exhibited a death-rate considerably less than its predecessor, although we shall find that certain diseases have been particularly fatal during the winter, notably puerperal diseases, erysipelas, diphtheria, croup, rheumatism and gout. The mortality of those affections, however, more directly subject to sanitary control, has diminished to a very low figure. Chief among these may be mentioned small-pox, typhus and typhoid fevers. In the period under consideration, zymotic diseases produced 1,477 deaths; constitutional diseases, 1,511; local diseases, 2,636; developmental diseases, 445, and violent causes, 225. Puerperal diseases have occasioned 137 deaths against 125 in the corresponding period of 1872, when they were likewise unusually fatal. Nearly all of these cases have been returned as puerperal fever or puerperal metro-peritonitis. The coincident prevalence of such affections with erysipelas was noticeable also in the winter of the past year. Of the 73 deaths by erysipelas thus far reported this year, 49 have been in children under five years of age, and mostly young infants. There have occurred 96 deaths by cancer, and 1,036 by phthisis pulmonalis, against 86 and 1,051 respectively in the same period of the past year. In the week ending March 8, 106 deaths were due to phthisis, 185 deaths have been ascribed to heart disease, and 225 to Bright's disease and nephritis. Pneumonia, although very prevalent, has not caused so many deaths as in the corresponding season of 1872. Then they amounted to 697 against 659 this year. The disease recently prevailing has, however, been distinguished by a more asthenic type, and a larger proportion of its cases have been associated with bronchitis. Thus, among the latter class there have been 91 deaths, against 69 in the first twelve weeks of the previous year, and of cases of typhoid pneumonia, 29, as against 16. The mortality by pneumonia among adults has also been proportionally much greater this year than last. Bronchitis has caused 324 deaths—an excess of 21 over the same season of 1872. There has been a remarkable mortality by rheumatism and gout—46 deaths having been due to the former and 11 to the latter, against 27 for the former and none for the latter in the first twelve weeks of the past year. Gout, in fact, has heretofore been a very rare cause of death in this city—but 15 deaths having been ascribed to it during the five years preceding the present one. Of these, 12 were males and 3 females. Of the 11 deaths thus far reported this year, 10 were males and 1 female; 187 deaths have been the result of accident or negligence, 25 of suicide, 12 of homicide, and one of a judicial execution. Within that period of two years 104 homicides have been committed in this city; 1,190 of the deaths reviewed have occurred in hospitals and other institutions; 352 have been persons seventy years old or over, and 2,712 of children less than five years of age.

Original Articles.

MINNESOTA CLIMATOLOGY.

By Rev. S. Y. McMasters, D. D., LL. D.

My heading may not indicate just what I wish to present, but it may serve to suggest it.

Minnesota lies between 43° and 49° of north latitude. The northern part of the State is but little known to the white man. Before the locating of the North Pacific Railroad on or near the parallel of 47°, it was scarcely known north of Sauk Rapids, save to those connected with the military stations of Fort Ripley, on the Mississippi, and Fort Abercrombie, on the Red River, and some traders down the Red River, to Fort Garry, in the British Possessions.

St. Paul, the capital of the State, is about 45° north and nearly 900 feet above the sea level. Notwithstanding about one-twentieth part of the State is said to be covered by water (lakes), the atmosphere is more dry than that of any State this side of Nebraska. On a bright March day, thermometer 40° and snow rapidly melting, the humidity is not above 35 per cent. (100 being saturation), and dew-point 19. In midsummer, with thermometer at 80, it is common to see the humidity not above 35, and dew-point at 54. Of course, I speak of the average humidity of the *day*, and not of the *night;* for we have dews at night, though often in summer not until after midnight.

The thermometer gets very low in winter. Once or twice, within the last ten years, I have seen it at 40 below zero. I speak for St. Paul. At Brainard it has been far below this several times this winter. We seldom have any thawing from the commencement of winter until in March; and this year we have had the thermometer at 30° in early March. The time of closing of navigation in the Mississippi is generally about the 1st of December, and the opening about the 20th of April.

The average rain-fall per annum at Fort Snelling, six miles above St. Paul, since 1819, has been about 26 inches. This is shown by the records of the post, which was established in 1819. This includes snow water.

DISEASES.

The diseases of the State may not be just what you would judge from these data. Fever and ague can hardly be said to exist here, save in imported cases. No case, it is asserted, has ever originated above Lake Pepin. I have never seen a case here. *Remittent, Typho-malarial* and *Typhoid* fevers are common here—worse in the winter than at any other time; though they are not uncommon from August until April. This winter it has been more prevalent and, I think, more fatal than ever before. Is this to be referred to the unusual severity of the winter? *Consumption* is here also. About five hundred deaths occurred in the State in 1871 from this disease. More than half of these were persons who had come here in the advanced stages, with softening of the tubercular matter already begun. About two hundred and fifty had come, from nearly all parts of the world, in less advanced stages; and less than fifty were natives of Minnesota. In the same time not less than one hundred and fifty, who had come in hope of benefit, found relief, and either returned home or settled here with the feeling that the danger was past. I think the opinion prevails here that our climate hastens death in the very advanced cases. Many sad cases we have had of persons coming here in incipient consumption—rapidly improving—returning East and, soon after, relapsing and dying. Others have, in their relapse, hastened back here, but found none of the benefit which they had found before. Hence, I would urge all persons who find themselves benefited by this climate to *remain* in it, and not hasten East or South because they feel well. "Like causes produce like effects." Doubtless the accounts which have gone abroad of the salubrity of Minnesota have been overdrawn, especially in respect of consumption. That it is better for incipient consumption than any other part of the United States I firmly believe; though, doubtless, there are many cases in which a *milder* climate would be better.

Pneumonias and Pleurisies are not common here, as compared with the more Southern and Eastern States. In ten years in this city I have not known of half a dozen deaths from these maladies; though, doubtless, there may have been more.

Some cases of *Cerebro-spinal Meningitis* have occurred here (generally fatal), but it has never been an epidemic. Farther north it was an epidemic a year ago, but in milder form; and the percentage of deaths was not greater than in *Typhoid Fever*—perhaps fifteen.

Rheumatism is a wide-spread disease, but in mild form and generally involving the neuralgic element. Very rarely we have a case of *Inflammatory* Rheumatism. I have not known of ten cases in St. Paul in ten years. The chronic cases are troublesome, but I have never known a case of helplessness or permanent decrepitude.

Summer Diseases among children in the teething period are common; and many persons complain, in this city, of this being "a hard climate on children." Of course, many children die every summer; but I am sure that in this respect St. Paul stands far above any city in which I have ever resided south and east of this. Compared with Chicago, St. Louis, Louisville, and Memphis, it is a "City of Refuge" for children.

And yet I have my doubts whether this country is going to stand well in respect of *longevity*. Our stimulating climate seems to admit of no rest. Everything is in bustling activity and constant tension, and I fear our men will wear themselves out prematurely. Besides, we have drinking here as well as elsewhere; and it is now pretty well conceded, I think, that this vice is fatal very much in proportion to the dryness of the climate. Our experience, thus far, has justified this theory; and, between drinking and overexertion, I fear many of out most enterprising and useful men are to find an early grave. Many diseases we have simply in common with all other parts of the United States.

St. Paul, Minnesota.

Dr. J. C. Hempel will soon publish a work to be called the *Science of Homœopathy, or a Critical and Synthetical Exposition of the Doctrines of the Homœopathic School.*

A CASE OF LABOR.

By A. K. Gardner, M. D.

Into the life of every man there are events which form eras in his existence, periods from whence other events are dated, memories which are never effaced, indelible scars upon the mind. Courts have decreed that dates may be authenticated without any reference to figures or fixed days of the month or year, by reference to such great events; thus the date of signing a deed may be sufficiently attested to by the statement that "it was the week my son, George, was born," or "the day before my dear Mary died"—leaving to other evidence to fix the dates of these occurrences.

In the same manner there come to the medical man events—cases so marked in their character that they are never forgotten; nay, more, which modify the thought and affect all his future career; whose minutest detail comes back to the memory, in the walk through the thronged street, no less than in the visions of night, "when deep sleep falleth upon men." It is one of those cases peculiar in its nature, almost overwhelming in its responsibilities—one of those cases where the able man *can* do, *does* do so much, exhausting scientific appliance, and yet where the result is so seemingly worse than nothing—one of those cases where the weak, timid man renounces his profession, and, in despair, turns to other pursuits. Such is the case that I am about to attempt to describe. I can but portray the bald features and salient outlines; all the *morale*, the surroundings, the ineffable halo of purity and saintliness which gilds all, the uncomplaining fortitude, the reliant serenity, the cheerful compliance with every request of her physicians, these and many like characteristics and attendants upon the case I cannot portray—although part and parcel of that which characterizes this as one of the most remarkable events in a practice of thirty years.

Mrs. B—— was personally known for twenty years to Dr. Bassett, and he was her medical attendant for very many years. In July, '72, she married at about the age of 40, and menstrated but twice afterward. She went on without an unpleasant symptom until the first of March, hearty, robust, and in every respect a pattern of health.

At this time, without any apparent cause, she suddenly found herself sick, a large quantity of a watery fluid flowing from the vagina. By Dr. B.'s advice she remained quiet, upon the bed and lounge for ten days, with more or less oozing of amniotic fluid, till it was supposed all had escaped, but without pain or any symptom of an untoward character.

On the eighth of April she, for the last time, went out for a drive in the Park, and was in fine spirits and apparent health. On Monday she noticed herself bloating—limbs, feet and face in a few hours rapidly increasing. Dr. B. examined the urine and found large quantities of albumen in it. These symptoms increased markedly during the following day, notwithstanding the remedies given for their relief. On Wednesday morning early she was taken with labor pains (although but seven months and three weeks pregnant, as supposed) and this was accompanied by obscuration of vision so that she could not ocularly distinguish, at three feet distance, Dr. Bassett from Dr. Paine who had been called in consultation. There were fears of convulsions, as she was restless, unable to sit down, and although her intelligence was perfect, there were unpleasant feelings in her head, and numbness in limbs. Dr. Gray, who then saw her, counselled venesection, but which was not however performed, and as the event showed would have been unavailing.

About 4 P. M. she had a vaginal hæmorrhage to some considerable extent, and subsequently the blackness of vision was not noticed.

I saw her at 6 P. M., and Dr. Bassett, giving me the aforesaid particulars, continued by saying that there had just been a gush of amniotic fluid, upon which statement I enquired—thinking of the previous hæmorrhage—"Are you sure it is the waters, may it not be serum from effused blood, the crassimentum being retained?" Of this anon.

Upon personal examination I found the patient a lady of some forty years, weighing about 160, of joyous, sanguine temperament, just now lying down for the first time, undismayed by the situation in which she found herself. Face puffy, of a sallow hue—but as I was informed much better than previously—pulse 130, irritable, somewhat full. The os uteri, which, at 4 P. M. first began to dilate and with great difficulty admitted Dr. Paine's finger, was now an inch in diameter, but excessively firm, the os internum in the height of a pain, cutting the finger to a painful degree. With her pains she made no effort at straining and said that she felt as if paralyzed. There was a constant bloody oozing of a watery character, and once a gush which I supposed (as had Dr. Bassett previously) by its character and time, at the height of a pain, and color as of slightly bloody water, to be amniotic. We discussed this point, considering it to be some retained fluid, and perhaps thought that the previous discharges had been "false waters."

We were unanimous in the opinion that every effort should be made to hurry on the dilatation and effect delivery as speedily as was possible by any practicable means. I, to that intent, endeavored to assist the dilatation of this rigid os uteri.

9.30 P. M.—The os was sufficiently opened to justify attempts to introduce the forceps within it, and seizing the presenting occiput to attempt speedy delivery, there being no alleviation in her symptoms, the pulse indicating 138 to 140. She was accordingly placed in position and chloroform administered with great caution. I, with some difficulty, but rapidly, passed Ritgen's narrow bladed forceps and applied the blades safely over the head of the child. She bore the chloroform remarkably well, but little being required to bring her under its influence. The pulse got fuller and more steady under its administration, but the breathing became wofully labored and rapid. Her danger was imminent. She had required to be fanned during the entire evening previous, and now, letting-up the anæsthetic, we gave her teaspoonful doses of Squibbs' extract of Ergot to insure future contraction, and before any attempts at delivery were undertaken.

The increased frequency of breathing and some corresponding acceleration of the pulse renewed our anxiety for the delivery of the poor sufferer, and accordingly as vigorous efforts as could be made by traction were undertaken, with, however, intervals of rest. The head, still encircled by the os, was

speedily brought down from the superior strait into the lower pelvic cavity; and soon, by the united results of a dilatation *per forza* of the os, and the diminished size, or rather elongation of the head, the head, and, speedily afterward, the whole body of a male child was delivered. A slight palpitation of the cord was perceptible, but all efforts, by breathing into the lungs, rotation of the body and external stimulation failed to effect a single voluntary respiration of the child.

But immediate attention was demanded by the mother. Immediately upon the withdrawal of the chloroform, she recovered perfect consciousness, asked if "the child was born?" "what was its sex?" etc.

There was some retention of the afterbirth, and I passed my hand immediately within the uterus, to find it scarcely diminished in size, full of clots. These I speedily swept out and easily removed the placenta. The remainder of ʒii Ergot was then given, ice passed into the uterine cavity, external manipulation effected, and in short every means adopted for this trying position within our power—but in vain—the uterus had long been overdistended, the tonic force was weakened by the albuminous condition of the blood. She had complained of being powerless during the day, and now she felt she was dying, and this expression we could not gainsay, although encouraging her by the statement that "all was over."

Her breathing was now fearfully hurried, her pulse scarcely perceptible. A dying request she made to her heart-stricken husband, gave "her love to her friends," thanked "you all (the doctors and nurse) for their care"—a few labored breaths and—all was over.

On hastily removing the clots and placenta from the uterus, the firm nature of the entire mass of clots evinced them not as the result of post-partum hæmorrhage, but assuredly as coagulations from a long previous and concealed bleeding, marking the case as one of *ante partum* hæmorrhage. The supposed amniotic fluids, previously remarked upon, and which might have been suspected by the rapid irritable pulse, and obliteration of vision, were now accounted for—and which would have been more than suspected, were not these symptoms ascribed to the albuminous condition of the blood and the flow due to the disruption, rather than obliteration by stretching, of the muscular fibres of the uterine neck.

Fortunately, in case this account of the symptoms might appear somewhat imaginative, among the clots was found one so especially noticeable, even when within the uterus, that I laid it aside for future examination. It was some four inches long, by three wide and two inches thick, of irregular shape. (These dimensions were very variable in its various portions, but are the limits of size.) This clot was perfectly dry, every portion of attainable moisture having been forcibly expressed from it.

On examination of the placenta, a portion exactly corresponding to this clot, in size, commencing at the edge, was found wanting, and here was palpably exposed the cause, after the albuminaria of the peculiar symptoms of this remarkable case, and it can now be tabulated and entered into the book of our experience as one of *ante-partum hæmorrhage*. There were also two spots, of an inch or more in extent, upon the placenta, black with congestion and showing a diseased condition, probably like that whose fatal rupture caused the fatal hæmorrhage.

This examination and derivation has also another satisfactory view (if we may be permitted such an expression here), viz.: that in the medical and surgical treatment there were no sins of commission, even less of omission. There was no unnecessary delay, no whiffling or uncertainty—the imminently dangerous character of the case was early recognized, and every effort promptly made to bring it to a happy conclusion.

To be sure one might censoriously say, "How better off is she for the scientific skill she invoked?" It might be as well retorted, "How better off is she for her prayers?"—but we know the satisfaction there is in every phase of life in doing right, one's whole duty—the results are in better hands. "Paul planteth, and Apollo watereth, but God giveth the increase."

Society is apt to look at the irregular meals, the broken rest, the bodily fatigues of the medical man, and say his is a hard life, but it is the "wear and tear" of mind and spirit of such cases as these that sap the energies and exhaust the vitality. Unhappy, indeed, is he who brings a weak mentality and imperfect education to such a work. If, with a conscience strengthened by a knowledge that he has assiduously studied his profession, and that he has neglected nothing to fit himself for the care of human life placed in his hands—if such an one is almost overcome by the responsibility of his profession and shaken to very intellectual and moral foundations by such a case as this—how fearfully agonizing is the remorse which must overwhelm the careless, thoughtless man, to say nothing of the ignorant, base pretenders—on reviewing such a case. "Is it not thy brother's blood that crieth unto thee from the ground."

I write these thoughts, knowing that many just graduated students are now commencing a career, entered upon as a means of support, or as a means of doing good. I would that they may well think of the responsibilities that they assume, and persuade them to believe that the attainment of a diploma is not the end of study, but the beginning of a life of persistent thought and unending striving.

N. Y., 237 *East 13th St.*, *Easter*, 1873.

NOTES ON THE TREATMENT OF SUB-ACUTE AND CHRONIC CYSTITIS.

By John C. Minor, M. D.

Diseases of mucus membranes are peculiarly obstinate when once they have assumed the chronic form. The clinical history of leucorrhœa, chronic nasal catarrh, and gleet, furnish sufficient evidence to prove that chronic affections of the mucus membranes are tedious and inveterate. Another peculiarity of mucus tissues is the rapidity with which they assume the chronic form of disease. These characteristics prevail to a very marked degree in the affections of the mucus lining of the bladder. We frequently meet with chronic cystitis that has never been preceded by any acute symptoms, and a majority of the cases of sub-acute cystitis develop rapidly, but disappear slowly. Partaking of the

general obstinate character of mucus diseases, chronic and sub-acute cystitis are accompanied, moreover, by peculiar pathological conditions which render them in most cases extremely difficult to cure. The intelligent and successful application of remedies to these diseases requires a thorough appreciation of the causes which produce and of those which perpetuate the trouble. When we consider the variety of these causes we can readily understand why a merely routine practice is so uniformly unsuccessful.

These causes and conditions, if considered with any degree of fullness, would require more space than would be practicable within the limits of a single paper, and I must, therefore, refer to them merely in their practical relation to the treatment of cystitis. I have met with the sub-acute variety oftener in women than in men. It is a very common accompaniment of fractures of the thigh; so common, in my experience, that whenever I am called to a thigh fracture in a woman, I am rarely disappointed in predicting its early occurrence. These cases are due to a direct spinal lesion by which the integrity of the spinal nerves and the branches from the organic system which supply the bladder is interfered with. We may, therefore, refer the irritation of the bladder to sympathetic action, provided we understand that the lesion controlling the bladder is associated with the spine, and not with the thigh or hip. The first symptoms of trouble are generally developed within forty-eight hours after the injury; they are not usually severe, and I allude to them merely as giving the basis for a general consideration of the treatment of the disease.

The power possessed by the bladder, in common with other hollow organs, of preserving its contents from undergoing rapid decomposition, depends upon the integrity of its nervous supply. If this be interrupted the vitality of the organ is impaired, and the urine becomes susceptible of the same changes as those which occur in it when removed from the body. These changes are, in brief, the formation of carbonate of ammonia and the precipitation of the earthy phosphates. Thus we have the urine rendered ammoniacal, and loaded with triple phosphates as the result of a spinal lesion. The urine thus changed acts as a direct irritant to the mucus membrane of the bladder, and its effect is all the more injurious, because the vitality of the membrane is depressed. Another effect of spinal lesion, or rather a similar effect, is a loss of the natural sensibility of the bladder; the effect of this is the secretion of unhealthy, alkalescent mucus, which, acting chemically upon the urine, renders it alkaline, and leads to the deposition of the earthy phosphates (*vide* Curling *Med. Times and Gazette*, 1836, p. 325). Thus we find the urine acting on the mucus membrane as an irritant, and the secretion from the membrane acting as a ferment upon the urine: hence the pathological condition is one that reproduces itself, and accounts for the obstinacy of the disease. In our treatment we may attack either end of the trouble, but the best results are reached when we treat both cause and effect.

When the urine is fetid, ammoniacal and irritating, the bladder should be frequently emptied by the catheter, and syringed out with warm water. This should be done every eight hours, and oftener if required, the frequency of the operation being determined partly by the irritating quality of the urine, and, in part, by the amount of urine secreted. The bladder should never be allowed to become distended with urine, for the distension is not simply the result of paralysis, but a frequent cause of that condition. These two indications, emptying the bladder and washing it out, are of more importance than any others in the treatment of sub-acute and chronic cystitis. They are not required in acute cystitis so long as the urine is acid or neutral. If the mucus membrane of the bladder is ulcerated, or if there is any traumatic lesion of the bladder or perineum, so that the urine is brought in contact with raw surfaces, so long as the urine is acid it has no destructive action on the tissues, and may be absorbed without any apparent bad effect. Operation wounds moistened with fresh urine are not prevented from healing by primary intention; but the contact of ammoniacal urine, even when filtered, will produce abscesses and gangrene, and its absorption is followed by profound disturbance of the whole system. Hence, Prof. G. Simon has concluded (*Deutsche Klinik*). that, in plastic operations on the urinary or sexual organs, it is unnecessary to leave a catheter in the bladder so long as the urine is acid, whilst such operations should not be performed, if possible, when the reaction is alkaline.

When the urine is ammoniacal, its frequent removal and the washing out of the bladder are productive of the greatest relief to the patient. I have sometimes used medicated injections in these cases with great benefit. *Hamemelis*, a dessertspoonful to half a pint of water, is an excellent application to use in this way; but I think I have had the best results from *Cantharides*, from ten to thirty drops of the tincture in half a pint of water. The use of caustic injections, as recommended by Ricord, Acton and others, is injurious and ill-advised, and I reject them entirely from a positive experience of their dangerous qualities. I have been disappointed in the use of carbolic acid as a topical application, and can only recommend, from experience, the use of warm water, and the two remedies above mentioned. My method of using these injections is very simple. The urine is first drawn off by an elastic (gum) catheter. I then attach an ordinary "Davidson" syringe to the catheter, and throw in half a pint of warm water. I withdraw the syringe, and allow the water to escape through the catheter, and then repeat the injection till the water comes away perfectly pure without any urinous odor or color. Then I throw in a medicated injection, if required; allow it to remain about three minutes in the bladder, and then run out of the catheter. About a teaspoonful of the injection will generally remain in the bladder, which can be removed, if desired, by converting the catheter into a syphon.

While we thus attend to the local condition of the bladder, we may accomplish very much by the use of remedies. Belladonna, Cantharis, Cannabis, and Pulsatilla, are well-tried and efficient in many cases; but there are some others that deserve more consideration than they usually receive in this connection. For instance, in the form of sub-acute cystitis, which I have described as occurring after fractures, I have found *Plumbum* very frequently indicated, and its use has often been followed by very marked improvement. *Capsicum* is another remedy which has given me great satisfaction in its power to arrest some of the most distressing symp-

toms that occur in all forms of cystitis. I use it very often for the tenesmus and burning pain at the neck of the bladder, and my experience with this remedy has led me to expect its action suddenly if it comes at all; a single dose, when plainly indicated, appearing to quiet the pain as rapidly as though a narcotic had been given. Unless this remedy shows its effect within a few hours, I do not wait long for its action, but seek for another. When we meet with retention of urine in the chronic cystitis of old persons, not from paralysis, but from a spasmodic contraction of the sphincter of the bladder, *Nux vomica* will generally relieve the spasm. When retention occurs from paralysis of the muscular coat of the bladder, rendering it unable to expel its contents, I have never yet met with any remedy that seemed to be of the slightest service, unless the bladder was first emptied and prevented from distension by the regular use of the catheter. When this indication has been carried out, I usually resort to the common *Tincture of Iron*, from five to ten drops in water three times a day. Although this may not be regarded as strictly homœopathic treatment, it is among the most valuable of my clinical experiences. It must always be remembered that the use of the catheter in this disease must be attended with the utmost delicacy of manipulation, because the mucus membrane is in such a state that it is easily abraded, and likely to assume a serious condition from a comparatively trivial injury. Should any such injury occur, *Arnica* is the remedy to use. This remedy is also invaluable in the sore, bruised feeling that follows the painful micturition of all varieties of cystitis. To refer again to paralysis of the bladder, I may say that *Cannabis sativa* has proved efficacious in this condition according to the experience of others, but not in my hands. *Lithia* is another remedy that has produced good results in sub-acute cystitis, but I have had no experience with it.

With reference to the action of *Belladonna*, as applied to cystitis, I cannot do better than to quote from an able paper, by Dr. R. Hughes, on the "Action of Belladonna on the Urinary Organs." (*Brit. Jour. Hom., Jan.*, 1871): "For simple irritation of the bladder, short of actual inflammation, I know of no medicine so valuable as *Belladonna*. The pathology of the complaint is not always obvious, but phenomenally it is well recognized. The presence of bladder epithelium in the urine rather indicates the medicine than otherwise; nor need obvious acridity of the secretion forbid it, whatever be our accessory measures. The place of Belladonna in paralytic affections of the viscus is less certain. It is very useful in post-partum retention of urine, but has yet to be tried in that which accompanies paraplegia. It is occasionally of striking benefit in the nocturnal enuresis of children, but quite as often utterly fails; nor have I yet learnt what is the form of the affection to which it is specifically suited." Where the bladder alone is implicated, I have rarely found this remedy of much service; but, when the kidneys are also affected, either primarily, or from an extension of the disease, *Belladonna* is invaluable. *Cantharis* is more especially adapted to the acute variety of cystitis, but is very frequently indicated in the other forms. Probably no remedy has been so thoroughly tested in cystitis, and none has better deserved its reputation. Where there is frequent urging to urinate, which is either ineffectual, or results in the flow of but a small quantity, drop by drop, accompanied with much pain of an acute character, *Cantharides* may generally be relied upon for prompt relief. Want of space obliges me to merely mention some other remedies, all well-known, such as *Pulsatilla*, *Dulcamara*, *Eupatorium purpureum*, *Pareira brava*, *Lycopodium*, &c. With reference to the selection of remedies by the observance of the color and sediment, as classed among the urinary symptoms of the materia medica, I think it would be a good thing for the materia medica if everything relating to the color and sediment of the urine were to be expunged from it. Theoretically these symptoms are totally unreliable, and practically they are useless, and worse than useless, because they mislead.

In chronic cystitis we must always give a guarded prognosis, although there are some conditions, generally considered incurable, which are in my experience amenable to treatment. One of these conditions is that of hypertrophy of the prostate, which has repeatedly yielded in my hands to the administration of *Muriate of Ammonia*, in doses of from two to twenty grains of the crude drug in solution. In cases of paralysis I have used galvanism with benefit, transmitting the constant-current, by means of a catheter-electrode, from the spine to the bladder. The debilitated condition of most of these cases will suggest the use of tonic doses of Iron. I have found the *Tincture of Iron* best suited to the disease, but in some cases I have used the *Ammonia-Citrate of Iron* with advantage. *Phosphoric acid* is very generally applicable to these cases, especially where nervous prostration is marked. I believe that stimulants are generally detrimental, and I always use the greatest caution in their use in this disease. Kraus, of Vienna, says, speaking of this subject: "Sparkling wines are very injurious in diseases of the urinary organs, but not on account of their carbonic acid, which assists very materially in the elimination of the phosphates. Champagne not only increases the secretions, but, in an extraordinary manner, the phosphates; and the conduct of medical men who advise its use in cases of calculus is very reprehensible." His experience absolutely contradicts the idea of the solvent action of carbonic acid in concretions already formed. Old beer he considers unobjectionable; but new beer is to be avoided, as it increases the secretion of mucus, and gives origin to a greater or less degree of catarrh. English pale ale is open to the same objection; porter, however, if of good quality and age, he considers to be unobjectionable.

POISONING BY STRYCHNIA TREATED BY CHLORAL. — Dr. Turner relates the successful treatment of a well-marked case of poisoning by Strychnia with Hydrate of Chloral. The administration of gr. xxx of Chloral was followed in thirty minutes by a marked abatement in the severity of the convulsions and improvement of vision. In thirty minutes more a violent convulsion ensued, which was entirely relieved by fifteen grains of Chloral. Two doses more of Chloral were given on the slightest return of the spasms, of gr. xxx each, when the spasms entirely ceased. The muscular soreness was mitigated by reduced doses of Chloral, which was kept up until the soreness had subsided.

TWO CASES FROM DISPENSARY PRACTICE.

By J. Titus Devo, M. D.

Being connected with one of our largest Homœopathic Dispensaries, I have frequently an opportunity of treating and studying some exceedingly interesting and instructive cases, such, indeed, as are but rarely met with in private practice. From the many such which have, from time to time, come under my notice, I am prompted to give a brief description of two, which I look upon as of more than ordinary interest. The first is a case of what I can only define as one of Emotional Insanity. The subject was a man aged 45, an Englishman by birth, but a resident of this city for many years; temperament, bilious-nervous; occupation, blacksmith and wheelright. Of splendid physique, his entire muscular structure was well developed. His physical health good, and all the alimentary functions performed in a healthy manner. There was no organic disease, hereditary taint, or particular dyscrasia; in fact the man was the very embodiment of physical health.

His mental condition was as follows: A constant fear of an impending evil (as regards himself). He would be engaged at his forge, when suddenly, and without any apparent reason, he would rush from the shop under an apprehension that the building was about to fall in and crush its inmates. In a few moments this feeling would pass away, and he would return to his work as if nothing had occurred, and perhaps there would be no repetition of this particular manifestation of his malady for several days. Another freak was, that in passing along the street to and from his work, sometimes even when accompanied by one of his fellow workmen, with whom he might be at the time engaged in a pleasant conversation, he would, in a twinkling, wheel to his right or left, and rush precipitately to the opposite side of the street, fearful that some one, concealed in one of the houses he was passing, was about to hurl down upon his head some sort of a missile; or in passing an open door-way or alley-way he would hasten his pace or immediately betake himself to the middle of the thoroughfare in order to be out of some fancied harm's way.

At home, while in the society of his wife and family, this singular aberration of mind showed itself in a somewhat analogous manner. Constantly in a state of apprehension lest some one should gain admission to his apartments and do him bodily injury, he took extra precautions that his windows and doors were doubled-locked and barred at retiring. Another eccentricity was his strong objection to having newspapers, books, or printed matter of any kind about the house, lest they might contain a description of some murder, suicide, robbery, or criminal act. On several occasions his eyes happened to rest for a moment on a cut in one of the illustrated weeklies, representing an atrocious murder—in a sufficiently vivid style to satisfy the most morbid appetite, and the effect produced on him, simply by a glance at these pictures, was to throw him into a condition approaching convulsions. As a consequence, everything of this character was carefully kept from his sight by his family.

The subject of a murder, suicide, or anything of a kindred nature, if mentioned in his presence, influenced him in a like unhappy manner. No act or word of his had ever given his family or friends reason to suspect that he harbored any idea of doing any injury either to himself or them; his actions, beyond such as I have mentioned, were unexceptionable. His family consisted of his wife and several children, two of whom were grown up, for all of whom he entertained the greatest respect. From youth up he had led a most exemplary life—industrious and economical—eschewing entirely the use of liquors or tobacco in any form. He had always enjoyed excellent health; had never had typhoid or typhus fever, which sometimes predispose to this condition of mind, nor ever received any injury whereby the brain might have become affected, nor could he, or any of his family, recall to mind that he had ever any severe mental or nervous shock. No insanity of any type had ever manifested itself in his ancestors, on either side, for at least two generations. He could sit and converse on any given subject, except the aforementioned, rationally and intelligently, and would acknowledge the fact that the weakness he showed was a most foolish and ridiculous one, yet he was totally unable to control his actions under the several circumstances enumerated.

Such was the condition of the man when I first saw him, as I ascertained in part from him at the time, and subsequently more in detail from his wife and daughter.

He had been afflicted with this trouble for some four or five years; manifesting itself slowly and not fully developing itself for at least eighteen months after its commencement. As soon as he became cognizant of his malady, he placed himself under medical treatment and faithfully followed up the same for at least a year and a-half, but with no perceptible benefit. Becoming discouraged he gave up treatment altogether.

He passed the dispensary daily in going to and from his shop, and was prompted to step in one noon to be prescribed for, for some minor trouble, and the subject of his disease being uppermost in his mind, he was impelled to state briefly his case, and inquire of me as to whether there was a probability of his being benefited by placing himself under Homœopathic treatment—volunteering the statement, that for some time past he had been seriously considering the advisability of entering one of our various asylums which make a specialty of the treatment of diseases of the nervous system. I dissuaded him from taking any such course, at least for the present, promising him that I would look into his case thoroughly. In the course of a week he called on me a second time, and having in the meantime studied his case, I was firmly convinced that his mental ailment could be ameliorated, if not entirely removed by medical treatment. I, therefore, had no hesitation in so assuring him, prefacing this assurance, however, with the statement that it would possibly be months ere a complete recovery could be brought about.

The treatment adopted in this case was as follows: I looked most carefully through my Materia Medica, and chose but two remedies, *Aurum Muriaticum* and *Hyoscyamus Niger*, and kept him steadily under them for about *six* months, with now and then an intermission of a week without any medicine. There was a perceptible change in his condition within six weeks from the commencement of treatment, and he continued to improve until, at

the expiration of a half year, he came to me and pronounced himself entirely cured; being unable to find language sufficiently adequate to express his gratitude. During the last six or eight months I have lost track of him, but at last accounts he had had no return of his malady.

CASE 2.—An American woman, aged 57, mother of seven children, the youngest of whom was 15 years of age; had never aborted; had always menstruated regularly during the proper periods; passed the climacteric period at the age of 47; no signs of any recurrence of the menstrual function from that time until, at the age of 56, she noticed what appeared to be a menstrual discharge lasting two days; no particular attention paid to this, as she had been subjected to considerable physical labor during the preceding few days, and to this cause was ascribed the anomaly. This occurred a little over a year ago. In August last she came to the dispensary desiring treatment for what had been diagnosed as dropsy. Was subjected to a physical examination by one of our medical staff, who had no hesitation in pronouncing it a case of ascites. She was placed under treatment which was continued for about a month without effect. She then went to the College of Physicians and Surgeons, and was examined by several of the faculty, their opinions differing as to whether it was a case of ovarian dropsy or hydatid formation *in utero*. About a month subsequently she visited the dispensary again, and for the first time came under my notice.

The case excited my interest, and I made a most thorough examination, and diagnosed pregnancy—although with some misgivings as to the accuracy of my opinion, owing to its variance with the expressed opinion and judgment of older and more experienced physicians.

I did not see her again until the early part of last winter, when she presented herself to me with an infant scarcely a month old in her arms; asked me if I recollected her, and on answering her affirmatively, held up the child, saying, "*Here, doctor, is the dropsy I had last summer!*"

CASES FROM PRACTICE.

By William N. Guernsey.

IN my article, "The Treatment of Skin Diseases Surgically Considered," in the April number of the *Union*, I was compelled, from want of space, to omit reports of cases illustrating the views which I there advanced.

CASE 1.—*Eczema Capitis, acute.*—Mrs. M. brought her infant, aged eight months, to the clinic on diseases of the skin at the New York Western Homœopathic Dispensary on Nov. 13th, 1872.

The disease appeared for the first time about two weeks previously. The mother said at that time the child was restless and fretful, and, on examining the child, she noticed a small portion of the scalp was red and inflamed, and covered with small "water blisters" about the size of a pin's head. These, after remaining a short time, burst, and left a raw, inflamed surface. The inflammation extended, new vesicles were continuously formed, and their exuded contents were massed in gummy crusts.

The appearance at the time of application for medical aid was as follows: nearly one-half of the scalp was reddened, tumefied and thickened; its surface was moist, and covered here and there with patches of yellow crusts. The disease was not limited to the hairy portion alone, but extended on to the forehead and over one ear. The latter was greatly swollen, and covered with a serous exudation, and the inflammatory process was extending itself into the auditory canal. The suboccipital and cervical glands were greatly swollen. The patient's general health seemed good.

I ordered a flannel nightcap to be made and to be worn, saturated with sweet oil, for the following night; the next morning the affected part to be carefully cleansed with castile soap and tepid water, and then benzoated oxide of zinc ointment to be applied.

On the 16th inst. the patient was returned greatly improved. The surface was free from scabs or crusts, and nearly dry, the tumefaction much diminished, and the reddening had nearly subsided.

The treatment was ordered to be continued, and the patient to return in a couple of days.

Nov. 18th. The patient returned, showing only a reddish blush on the site of the previous eruption. This quickly disappeared, and within one week from the commencement of the treatment the child was restored to perfect health.

As the child's health, at the time of treatment, seemed good, no internal treatment was given.

The disease seemed at the time to have limited itself as a local inflammation. Situated on the scalp, the eruption was increased and aggravated by the conditions of the tissues on which it rested. As the hairy scalp is the seat of large sebaceous glands, its secretions mingle with that produced by the disease and from crusts which have very irritating properties. These, under the influence of air and moisture, decompose, and initiate, or, at the least, favor an extension of the inflammation. By removing these, the irritating causes were taken away, and nature allowed a fair chance to act. By means of the ointment the air was excluded, the burning and itching relieved, and a slightly stimulating action established—and thus the indications of an acute local inflammation were met.

This case presents nothing peculiar; it is one of a class which is commonly met at the dentition period.

Being instigated and concomitant with the evolution of the teeth, usually the more prominent symptoms of the dentition process are treated with a view that with the removal of the cause the disease itself will disappear.

Although the disease of the skin is acute in character, and of short duration, it had become, to a certain extent, a local affection, and required topical applications. As catarrhs of the mucus membranes require treatment after the removal of their causes, or the restoration of the general health from the disease which developed them, so may we be guided by the same principles of treatment in the management of the catarrh of the skin, viz.: of eczema.

CASE 2.—*Eczema Impetiginodes.*—Kate W., aged twelve, applied last December to me for medical aid. She was suffering from an eruption on the head, she said, which she had first noticed about three weeks previously.

On examination I found the hair matted over the occipital region, and the skin covered with thick, dirty, yellow crusts. Around their borders were groups of vesicles and pustules dispersed over a highly reddened and tumefied skin. She had a large head, a clear skin of remarkable whiteness, through which the delicate blue veins could be easily traced—large, blue, languishing eyes, and other anomalies which go to form a complete picture of scrofula.

The suboccipital glands were swollen, the muscles were soft and flabby, and all the functions of the body seemed to be imperfectly performed.

I ordered the hair to be cut over the affected portion of the skin, and the crusts to be removed with dressings of oil. Also *nux* and *hepar sulphuris* to be given internally.

After an interval of two days, the patient returned somewhat improved in general health. The crusts had not been entirely removed, and the same dressings were ordered to be continued. Three days afterwards she returned much improved. The crusts were all removed, and the swollen glands diminished in size.

The appetite was improving and digestion more easily performed. Ordered the benzoated oxide of zinc ointment to be applied, and the internal treatment to be continued. She then speedily recovered.

Here also is a case of a class of diseases most commonly met in practice.

In this instance the treatment adopted was extremely simple. The digestion was attended to; easily digested, plain, substantial food was freely given. The skin was kept active: sponge baths, exercise in the open air, and such other means used as would give a healthy tone to the system.

CASE 3.—*Acute Eczema.*—About a month since Mrs. L. brought her child, an infant of seven months, to me for treatment.

The forehead, a portion of the face, and a little of the scalp were œdematously inflamed, and covered with clear watery vesicles. The child was restless and fretful, and there was evidently much burning and itching present.

The eruption had made its appearance three days previously. The appearance of the skin recalled to my mind the effects of the poison ivy, the *rhus toxicodendron*. The case before me was an acute one, the part was in a state of active inflammation.

If any applications were to be made, they must be cooling, and soothing, and such as would lessen the inflammation.

As the analogy of this case, and the eczema produced by *rhus tox* was so complete, I prescribed the latter remedy. Three days afterwards the child was returned, and only a slight reddish blush served to indicate the previous eruption. The treatment was continued, and as the case did not appear again I concluded that it was cured.

I give this case to show the benefit of internal treatment. Acute eczema, like other acute diseases, often runs a short typical course. Then if medicine be given to mitigate the severity of the symptoms, and guide it in a proper course, it may, like acute bronchitis, have a typical form and ending. The law that all acute diseases tend to spontaneous recovery holds good in eczema—as in bronchial or intestinal catarrh. Exposed to many sources of irritation its course is not so cyclical, however, and a happy termination in speedy recovery less frequent.

CASE 4.—*Chronic Eczema.*—Mr. F., a laborer, aged thirty-five, presented himself last October to my clinic at the dispensary for treatment. He said that he had an eruption on his leg for two or three months. He first noticed that the skin over the tibia was hot and reddened and covered with fine "water blisters." He had been under continuous treatment with several physicians, but had steadily grown worse.

When I first saw him, the eruption extended over the lower two-thirds of the anterior portion of the leg. The skin was reddened, much thickened and infiltrated, and covered with dry scales. He said that he had taken arsenic and numerous other remedies; but no external treatment had been made use of.

The man seemed strong and healthy, and temperate in his habits. I ordered the limb to be wrapped up with flannel, saturated with oil, continuously for two days. At the expiration of that period, I found the skin free from scales, and I ordered *sapo viridis* to be rubbed on twice daily, with a piece of dry flannel, until the part looked bright red, and shiny. Under this treatment he improved rapidly at first, but after four or five days' application the part became hot and irritable, and the benzoated oxide of zinc ointment was applied instead. Three days afterwards, as the irritability had subsided, and the infiltration had very considerably disappeared, I renewed the applications of the green soap, which were continuously applied during the rest of the treatment. Within three weeks after his first appearance at the dispensary he had entirely recovered. In chronic infiltrations of the skin, the potash, and the iodine which is contained in the cod-liver oil of the sapo viridis, stimulate the skin favorably, and promote absorption. In ordinary cases the potash combined in a soap acts better than when used alone in a solution of water.

CASE 5.—*Psoriasis.*—In the summer of 1871, Mrs. C., aged about forty years, applied to me for treatment. She had been suffering with an eruption for four years or more, and being somewhat vain, it annoyed her exceedingly. I found dispersed on the extensor surfaces of the extremities, and on the neck and trunk, groups of masses of scales situated upon an indurated and reddened skin. The scales were piled in masses as large as a cent piece and upwards, and were of a mother-of-pearl color. They could be easily removed with the finger nail, which, when done, showed a reddened corium underneath. It was plainly a severe case of psoriasis.

Her last physician had prescribed *arsenicum* for her, which I continued. I then ordered one of the extremities to be covered with oil dressings for twenty-four hours, then, after the removal of the scales, the oil of cade to be applied with a stiff brush. After an interval of two days another portion of the body to be treated in the same manner. Only a limited portion of the body was subjected to this tar treatment at any one time, that constitutional symptoms might be avoided. The method of treatment was somewhat irksome and disagreeable to her she said, but bore it willingly as she saw the steady improvement of the disease.

This plan of treatment was continued for six weeks, when it was discontinued. Nearly all of the psoriatic patches had disappeared, and only faintly reddish spots were left of those remaining.

Tar is very serviceable in psoriasis and in chronic eczema. Its action is that of a local stimulant to the skin. It relieves the itching, checks the secretions, and promotes the absorption of the infiltrations. It is used very extensively in Hebra's wards in a variety of methods. A favorite one is to apply the tar with a stiff brush, rubbing it in with considerable force, and then to take a bath for a couple of hours. Baths are also used extensively as a part of the regular treatment of skin diseases in the Vienna hospital. The prolonged action of the water macerates the crusts, softens the affected portions, and promotes a healthy flow of blood through the parts.

According to the best authorities arsenic will cure light forms of psoriasis, and in this disease it has won the laurels which have given it such a widespread reputation as a specific for scaly eruptions. When taken in toxicological doses it produces an inflammation in the healthy skin, which manifests itself as a psoriasis. According to the law of "similia similibus' I prescribe it in all cases of psoriasis, as under its use the formation of the scales is diminished and the efflorescences fade.

Carbolic acid is worthy of mention here, as for the past few years it has been fashionable to prescribe it in washes for nearly every form of skin disease. It is a valuable remedy in certain conditions of some of these diseases, but almost useless in many others in which it is ordinarily prescribed. In chronic eczema, erythema, and in psoriasis it may be efficaciously used where tar is indicated, but inadmissible from the location of the eruption—as on the hairy or exposed portions of the skin.

Its curative action is not so marked, however, as that of tar.

I will add another case to show the results of its use:

CASE 6.—*Eczema Capitis.*—Miss M., aged twenty-two, a blonde, applied to me some months since for medical aid. She had an eruption on the head, which first attracted her notice about a year previously. Patches of eczema were scattered over the hairy portions of the head, which, aside from the unpleasantness of its presence, was exceedingly annoying from the excessive itching. The chain of glands underneath the chin and behind the ears were considerably swollen. She frequently suffered from attacks of catarrhal bronchitis, which were developed on the slightest exposure. It was plainly evident that she had a scrofulous temperament. I prescribed the syrup of the hypophosphites of soda, lime and iron, and ordered the crusts to be removed with oil dressings. As she was one of fashion's votaries, and seen much in society, to cut off the hair, or apply greasy or tarry substances was out of the question. So, after the crusts were thoroughly removed I ordered a carbolic acid wash to be used night and morning. Four days afterwards she returned. The itching had subsided, the skin was pouring out but little secretion, and the glands were much diminished in size. Her general health seemed improved, and the treatment was continued. Again in four or five days afterward she returned somewhat better, but as the improvement seemed slow to her I changed the acid wash for the following mixture:

℞ Sapon. viridis, ℥ij.
Aquæ Cologniensis, 3x.
Misce et cola.

It was only used for a couple of days, however, as it was more inelegant than a wash, and the carbolic acid was again resumed. The soap had stimulated the scalp considerably, and now recovery occurred speedily. Within two weeks the glandular swellings entirely subsided, and the eruption almost entirely faded. Carbolic acid may be used in solutions varying in strength from two to twenty grains to the ounce of water. In this case the internal treatment contributed, without doubt, greatly to the rapid recovery.

VITAL STATISTICS FROM THE NINTH CENSUS.

BY W. S. SEARLE, M. D., BROOKLYN, N. Y.,
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VOLUME second of the ninth census of the United States lies before us, and is a most valuable and interesting compilation, not to statisticians and professional men only, but also to the community at large. As the number of copies printed is quite limited, and the work may, therefore, fall under the eyes of but few of our readers, we call attention to its leading points of interest, remarking that reference to the book can be had in any comprehensive public library in the country. The entire volume of nearly seven hundred pages, *quarto*, is occupied by vital statistics.

The feature of most striking public interest will be found in the maps and charts. Some of these are so tinted in five different shades of the same color as to report instantly to the eye the prevalence of a given class of diseases in the various sections of our country. Each shade of color represents a *per cent.* of mortality which is stated upon the margin.

Thus, the first map gives us at a glance the relative frequency of consumption. Others graphically mark out the regions where malarial diseases, typhus, typhoid and enteric fevers, diarrhœa, dysentery and enteritis do most and least abound.

A comparative study of these maps reveals many curious facts upon which we cannot here dilate. We may, however, remark the striking absence of consumption where malaria is most abundant, and *vice versa*, as showing an apparent antagonism between the conditions favorable to each of these forms of disease.

It has lately become the fashion to speak of southern California as a paradise for consumptives. Nordhoff and other travelers have recommended this climate to such invalids in the highest terms. But with no little astonishment we find the valley of the Sacramento stained to the very deepest tint of blue upon the map, thereby denoting that over one-fifth of all the deaths in that locality are from this dread disease. The San Joaquin Valley is but a shade better, and even the region which includes Santa Barbara and San Diego furnishes 900 to 1,400 deaths from consumption in the 10,000 from all causes. This rate equals that of Westchester and its adjoining counties in this State. Before this logic of figures the glowing descriptions of chance observers must go down.

According to the map there are but four regions east of the Mississippi where the deaths from consumption are less than 250 in 10,000 from all causes. Of these the most extensive is in Florida. Another comprises Middle Georgia. Still another small section lies in and near Burke Co., N. C., and a fourth in southwestern Virginia, near the famous sulphur springs of that locality.

It is singular that, with the exception of Florida, which is devastated by malarial and intestinal diseases, and becomes uninhabitable in summer for invalids, neither of these regions has been a favorite one with the medical profession as a sanatarium for consumptives. The truth is that climatal quackery is quite as common as quackery in drugs. Self-interest, or prejudices based upon inaccurate and incomplete data, move men to select some locality and write it up as the most healthy on earth; and thither flocks poor, sick, credulous humanity only to find a grave.

So far as we can judge from these maps, the region of the upper waters of the Kanawha and the Sweetbrier rivers, in and about the famous springs of southwestern Virginia, is the most healthful in all respects that our country affords. No locality is more free from malarial and phthisical influences, while, in respect to all the other forms of disease considered in the census, it ranks above the average in point of immunity. Its elevation is from 2,000 to 4,000 feet; the mean annual temperature is 52°, and the rainfall is about 40 in. In nearly all these respects it is superior to Florida or either of the above-named places where the mortality from phthisis is low, and, unless the census data are grossly incorrect, it is *the* place of all others whither physicians should direct the multitudes who are seeking to escape death from consumption.

Aiken, S. C., a much vaunted locality, ranks below it in all respects.

In this volume charts are also given showing the elevation, temperature and rainfall of various sections of the country. These are very minute and accurate, being based upon observations directed by the eminent scientists of the Smithsonian Institute during the past twenty years.

To the physician and the invalids under his care, to summer tourists, and to all who would know whether they are living in climatal conditions most favorable to their peculiar temperaments, or who are intending to emigrate to new homes, these maps and charts are priceless. They should be reprinted in a volume for general distribution, or in some way be made accessible to every citizen.

If we may trust these statistics of mortality which, confessedly, have been completed only by estimated correctness, the average duration of human life in this country is much higher than has been generally supposed. It is set down at thirty-nine and a quarter years

This estimate is founded upon the actual death returns made by the census marshals, to which are added forty-one *per cent.* for supposed deficits and errors.

The tables giving the mean future duration of life at any given age are open to similar objections. These vary somewhat from similar tables now existing, are somewhat lower than most, and cannot, by reason of their possible inaccuracy, be of much value except so far as they confirm the general averages by which life-insurance has hitherto been regulated.

In conclusion we may quote some of the more interesting statistics contained in this volume.

The total population of the United States is about thirty-eight and a quarter millions.

Total number of deaths in the current census year —492,263, or about 1,349 *per diem.*

March seems to be the most fatal month, leading any other by about 1,000.

March, April and May form the most fatal quarter, exceeding any other three consecutive months by over 13,000.

The births number 1,100,475, or about 3,000 *per diem.*

The blind number about 20,000.

The deaf and dumb, about 16,000.

The idiotic, about 24,000.

The insane, about 37,000, nearly one third of whom are of foreign birth.

Persons over 80 years of age number about 150,000.
" " 90 " " " " 7,000.
" " 100 " " " " 3,500.

Of those over 80 years, the females out-number the males by about 12,000.

Of those over 90 years, the females are in excess by about 1,200.

Of those over 100 years, the females exceed the males by about 1,000, and the former are nearly twice as numerous as the latter.

HYDROPATHIC TREATMENT OF TYPHUS FEVER.

By C. C. Schieferdecker, M. D.

In this article I shall omit the etiology and confine myself simply to the hydropathic therapeutics of typhus.

The general indications for the treatment of typhus are these:

1st. Protection of the brain and nervous system from the combined influence of the poison and the increased temperature of the blood.

2d. Limitation of this influence, and thus preventing degeneration of the blood.

3d. Obviation of the early formation of the typhus product.

4th. Preservation of the strength of the patient, and diminish waste.

5th. Prevention and removal of local difficulties.

6th. Arousing and strengthening the skin for the final excretion.

A properly applied bath combines a reviving, antifebrile, derivative and strengthening effect, which may be graduated at pleasure, from a simple, slight ablution, to short wet-packs, half-baths, plunge-baths and affusions, sprinkles and douche. Brand says, " In the rousing of the brain and nervous system by cold water, and in the reaction caused by it, we perceive the reason why the functions of these organs are restored. It counteracts the depressing effects of the poison, by constant stimulation, and keeps the temperature of the blood within proper limits.

General rules of the water treatment:

A. Diminished temperature by affusions is somewhat counteracted by reaction.

B. The affusions need not be constant, but frequently repeated, and for short periods.

C. The colder the water, the more intense the

effect of the affusions. When the nervous irritability is great, a middle temperature (from sixty degrees to seventy-five degrees F.) produces a decided effect.

D. Too cold water is injurious, and too warm water produces but indifferent results.

E. We may, in early stages, use colder water than later in the disease.

F. The warmer the patient was before the bath, the more pleasant is the affusion.

G. The greater the surface of the body exposed to the affusion, the greater the reactionary effect.

H. Affusion on the head—the body being in a warm bath, or covered—produces only a local and slight effect.

I. The shorter the affusion the more transient the effect, but a too long bath exhausts.

K. The bath must be repeated as soon as the effects of the preceding one disappear. In the early stages this occurs much sooner than later in the disease.

L. The greater the weakness of the patient, the stronger the effect and the higher must be the temperature of the water.

M. Under all circumstances the general condition of the patient must be taken into consideration.

N. Thorough wet rubbing increases the effect of the affusion, and assists in restoring the equilibrium of the nervous system.

O. The affusion acts, at the same time, as a powerful tonic.

P. Affusions may be applied during the whole course of the disease.

The excretions of the skin, in typhus, are decidedly critical, and, therefore, the skin should be thoroughly and repeatedly rubbed with wet hands.

Drugs, or any substance which taxes the digestion to any great extent, should be prohibited; as the digestive apparatus already suffers from feverish excitement.

Affusions must be combined with ablutions, half-baths, or packs, to reduce the temperature according to the momentary necessities. The reduction of temperature must be the constant aim, so as to prevent changes in the blood—care must be observed not to get it too low, as there is as much danger in one extreme as the other. By these means the pulse is moderated, the nerves quieted, sleep produced, the secretory organs incited to action, and the temperature of the blood kept within proper limits.

Generally, affusions alone, in or out a half-bath, if properly continued and repeated, are sufficient to attain the desired results. The patient ought to drink a large quantity of water, breathe pure and fresh air, be kept scrupulously clean as to clothing and bed, be very lightly covered and be confined to a simple, cool diet, and apply cold compresses wherever needed. If the patient is very feeble, we give the affusions while he sits in a tepid half-bath. We must not wait to repeat the treatment for a decided exacerbation of the symptoms, but aim to prevent any such increase by prompt action.

The treatment above mentioned, scientifically applied, is all-sufficient, and I believe will cure a larger per centage of patients than any other. But unscientifically used, water is capable of doing serious harm. I strongly deprecate the haphazard use of water in any disease, and consider the use of ice and icewater, as recommended by some authors, as cruel and exceedingly dangerous, and hydropathy should not be made responsible for such errors in judgment. The theory and practice of hydropathy are fully considered in a work I am about to have published, and to which I would like to direct the attention of the profession.

A LETTER FROM VIENNA.

VIENNA, March 25, 1873.

DEAR UNION—In a former letter I promised on a future occasion, to describe more fully some of the internal workings of the Vienna School of Medicine; that occasion now presents itself, and hence this communication.

We are now in the midst of the Easter vacation, during which the University lectures cease, and, to a certain extent, the private courses, so that the clinics constitute the principal attraction to the student. As Billroth's Clinic is perhaps better known, at least by name, among us at home, than any other here, a short account of it may not be uninteresting to your readers.

A little before 9 o'clock in the morning, as we enter the gate of the Allgemeines Krankenhaus, we notice a number of men coming singly or in little squads from all directions, and wending their way towards their various fields of study. A large part of them seem tending towards that archway over there to the left; there, we know, Billroth's wards are to be found, and under the arch is the entrance to them and to the clinical theatre. Following the rest, we mount the stairs one flight, make our way through a small door and a narrow, dark passage with a slanting ceiling, which indicates that we are passing under the operating room, and find ourselves at once in the latter. The "Klinik-saal" is the same familiar room we have in our own hospitals and colleges at home, with its open circular arena in the middle, almost surrounded by semi-circular rows of wooden benches, each row higher than that in front of it. The room, we should say, is about fifty feet square, capable of holding (standing and sitting), about two hundred persons. As the hospital clocks strike the hour of nine, the students come hurrying in, and their appearance, individually and collectively, arrests at once the attention of the new-comer. Collectively, they are a rough lot; and individually, their souls are evidently very much above such trifling fopperies as the use of soap and comb. Scrupulous neatness of person is popularly supposed to be incompatible with true genius, and hence, (although we are unaware of any other reason for so doing), we are inclined to accord to the genius of Austrian medical students the very highest rank.

For a few minutes there is a great scrambling and noise until all the genii are seated, and then a side door is opened by a servant in livery, and, attended by half-a-dozen assistants and several female nurses, Professor Billroth enters. Giving a few directions to his assistants, glancing an instant over his stand of instruments and another at two or three patients who have been brought in, he stops at one end of the operating table, and, for the first time since entering the room. looks slowly, half unconsciously over the class, while a patient climbs into position on the table, and the class becomes quiet.

A man of middle height and middle age, or per-

haps a trifle more he seems, with figure rather portly for such an active worker, high, broad, gently retreating forehead, marked with lines of thought, and from which the slightly-silvered brown hair is combed directly back; eyes of gray blue which, aided by the habitual contraction of the brows, have a way of shrinking behind the lids as though they feared the light; and finally, prominent, slightly aquiline nose, and grayish-brown full beard, covering the lower half of the face and descending to the breast, which adds a dignity and strength to the already serious, thoughtful, modest face of the great teacher.

While the patient is being brought under the influence of Chloroform (Ether sulph. is never used), the professor gives the class a concise history of the case—caries of the elbow joint; goes as far into the pathology of the disease as time allows, and describes, and gives his reasons for performing the operation he has decided upon—resection. Meanwhile, we note the unnecessarily large number of assistants in the arena, including nurses, some eight or ten, and the fact that, excepting the first and second assistants, who occupy of course the posts of honor, they seem to have no regular, individual duties to perform, but pass sponges, instruments, or look on, according as each is inclined. The patient anæsthetised, and the professor duly arrayed in his operating gown, the performance begins—and such a performance as never is seen by us in America! The first incision is the signal for a general crowding of the assistants around the operating table, to the perfect shutting out of all view of the case, except when an assistant backs out of the crowd to get some forgotten instrument, and we see by dint of standing on the back of a seat, that blood has been shed. A sawing sound then ensues, and the crowd scatters right and left, allowing the half-suffocated operator to make his way out. "A splendid operation!" of course; *Billroth* has performed it! It is well that Billroth's reputation has a much firmer foundation than the discipline and order displayed by the mob who assist him. I do not allude, of course, to the well-trained first, second, or third assistants, but to those who have more recently come from the ranks of the genii before mentioned, among whom we sit.

This crowding about the operating table was recently carried to such an extent that a female patient was actually *pushed off on the floor*—and had to be lifted again into position. The professor, even then, rebuked no one, but he certainly must have *thought* a "Donner wetter" or two.

Next, we have the satisfaction of seeing a felon opened. Then a case of stricture of the esophagus rather rudely (it seems to us) dilated. Then amputation of the index finger, a circumcisio penis, and a few other such operations which we are rather surprised to see in a "great" clinic like Billroth's—and "see" them we do, for they are not rare enough to warrant the mobbing by the assistants, already described. Then comes a man into the room without a nose, and after a few minutes goes away with one—a very good one too—taken from his forehead. This we have also seen, on account of the patient having been held in a sitting position. Then follows an amputation of the arm, on account of a crushed and gangrenous hand and fore-arm. Then an amputation of a cancerous breast, including the extirpation of the chain of glands, which are followed thoroughly, well up into the axilla, leaving an ugly wound and a doubtful prognosis, as the patient is old and somewhat feeble. Finally, the right inferior maxilla is removed, on account of necrosis, and from the appearance of the top of the professor's head, which we occasionally see rising above the ring of assistants which surrounds him, we know at once that the operation is performed in his best manner. Eleven o'clock sounds from the big, old-fashioned clocks of the hospital, it is time for us to go to our laryngoscope, and regretfully and on tip-toe, we leave the presence of Billroth, his assistants, and the "great Unwashed."

It is a remarkable fact that anæsthetics are given here only in protracted, capital operations—such as amputations, resections, &c. A patient undergoing such operations as circumcision or amputation of the penis, removal of fatty tumors, extensive cauterizations, and the like, is usually not anæsthetised. Amputations of fingers and toes are not infrequently performed upon the conscious subject. Even where anæsthetics are used, it is usually only to such a slight extent that the patient recovers consciousness about the middle of the operation.

The only reason we have ever heard given for this disregard of the comfort of the patient, is the *cost* of the Chloroform. M.

THE ALUMNI ASSOCIATION of the College of Physicians and Surgeons are making an effort to raise one hundred thousand dollars for the purpose of endowing an Alumni Professorship of Pathological Anatomy in the college, and the establishment of separate laboratories where students may learn chemistry, physiology, and pathological anatomy experimentally, and where original researches may be carried on, under the guidance of competent instructors, and the erection of one or two small recitation rooms capable of seating about thirty persons. By taking this course, the Association believes a large number of students who now seek that practical instruction, so necessary in this age of scientific improvement, in the great hospital and among the world-renowned specialists in Vienna, can be retained in our own country.

While they are in the way of improvement, we suggest that they copy a little of the liberality and freedom from sectarian bigotry and intolerance which we find in the European Universities. In these days of scientific advancement, no institution can reach eminence controlled by the narrow and unscientific spirit we so often see in our medical colleges. Students will seek instruction in institutions controlled by a broader spirit, whether they are found in this country or in Europe.

NURSERIES.—The report of the Sisters of Charity Foundling Asylum, in Washington Square, for the past year, shows a fatality of fifty-five per cent. The Report of the Brooklyn Nursery (admitting the same class of children), under the Homœopathic care of Dr. Aten and Dr. I. Freeman Atwood, shows a fatality during the same period, of twenty per cent. If the Allopathic school, as some of its members claim, is the school of science, and the Homœopathic that of the worst form of charlatanry and humbug, would it not, in the light of these statistics, be better for children, at least, to have a little less allopathic science and a little more homœopathic humbug.

THE MEDICAL UNION

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."* Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

OUR JOURNAL.

IN every new enterprise in journalism there is plenty of hard work, sometimes an abundance of good wishes and cheering words, but not unfrequently very poor pecuniary returns. In establishing the MEDICAL UNION we have had a large amount of hard work, at which we have not complained, for we commenced the enterprise only after counting the cost and with our eyes wide open; and that work has been cheered by the good wishes and cordial greetings we have received from every part of the country, not only from the veterans in our ranks, but from the rising generation fresh from the schools and from winning their first laurels in the great field of medical practice. We are convinced from these numerous expressions of good will and earnest words of encouragement, that just such a journal as the MEDICAL UNION is needed, and it gives us pleasure to state to our readers that its pecuniary success is beyond our expectation.

We give a few extracts from the large number of communications we have received from different parts of the country:

Dr. E. M. Hale, of Chicago, writes: "Your prospectus, which is before me, reflects the opinions for which I have been striving for many years. It appears to me this is an opportune time for such an effort, and you have my sympathy and support. You are taking that position in medicine that the first minds in the world are taking in science, religion and politics."

Dr. E. C. Franklin, of St. Louis, says, "The first No. of your MEDICAL UNION has come to hand, and in its perusal I am more than gratified at the dignified tone it holds, and am sure that success will perch on your banners. Go on in your good work and count me as one of your friends on this side of the line in doing all I can to further the object of your paper."

Dr. Wm. H. Watson, of Utica, writes, "Your journal is admirable. I feel the greatest interest in it, and will support it with the little influence I can bring to bear, and will be most happy to contribute to its pages."

Dr. J. N. Anderson, of Rochester, says, "I shall do what I can to assist you. I am Secretary of our County Society, and shall take pleasure in introducing your journal and sending you the reports of its meetings."

Dr. T. G. Comstock, of St. Louis, writes, "I am very glad you intend publishing the MEDICAL UNION. I have seen the first number—its spirit and ring suit me. I have openly advocated such doctrines as I see published there, for twenty years past."

Dr. C. McK. Dinsmoor, of Terre Haute, Ind., writes, "Through the kindness of Dr. I. Ehrman, one of the oldest and most successful homœopathists of the West, I have received a copy of the first number of the MEDICAL UNION, and have read with much interest its various articles, especially the 'Salutatory.' I am more than pleased with its manly sentiments. Our branch of the medical profession greatly needs just such a journal as you propose to publish, and may its success be commensurate with the ability with which I feel assured it will be conducted."

Dr. Denison, of Fairfield, Ct., says, "I am much pleased with the *animus* of the journal, and the object which I hope will be accomplished by it. Though I have, in a measure, given up the practice of medicine, (I am almost seventy years of age,) I hope to live long enough to see a better spirit among those whose profession it is to relieve the sufferings of their fellow men."

Drs. Aton and Atwood, of Brooklyn, write, "The position you take seems to us the only true position upon which to stand. Judging from the first number of the journal before us we predict for the enterprise the fullest realization of your hopes, and the consequent accession to our medical literature of a most valuable and progressive element."

We have quoted sufficiently from the letters which are almost daily received from our professional friends to show the estimation in which our enterprise is held by some of the leading minds and most earnest workers in our school throughout the country. The secular press have invariably spoken in terms of commendation. As the organ of public sentiment they deplored the bitter animosities which exist between different branches of our profession, and warmly welcomed the frank and straightforward statement of our position and principles. The New York *Times*, in an editorial article of over a

column in length, discusses the question from its own stand-point with great ability and force, in which it takes the position that the bitter hostility shown by one class of physicians to another when both are equally educated, is unworthy the spirit of the age, and of a profession which claims to be scientific. About this position it seems to us there can be but one sentiment among all fair-minded men. It is needless for us to say to those who have read our journal that with many of the statements and with much of the reasoning of this article we do not agree. It was written and published in the daily round of work of an influential paper accustomed to seize hold of and discuss questions of public interest as they appear, without any solicitation on our part and without our knowledge. And yet Dr. Lippe makes this article the text of a bitter, and we are sorry for the reputation of our profession to say, an ungentlemanly attack upon us, and goes on to discuss the article as expressing our sentiments, charging us not only with having, at least, procured its publication, and ourselves as publishing the journal as a professional advertisement; and one of the Western papers can find nothing better for its columns than this slanderous attack, with the comment, that it is the opinion of an old homœopath. Now we are upon this subject, we quote a letter from the *North American Journal of Homœopathy*, which the editor introduces as, "from one of my most highly esteemed friends, and a true disciple of Hahnemann."

Here it is with all its elegance of diction: "Your flirtation with the MEDICAL UNION is significant; the *North American Journal* is with them (we are so informed). Just one more Copperhead nest taken in, to hatch for us the very devil. Notwithstanding your perpetual prediction of peace, there can be none. There must be back-bone enough in New York to fight them, and if we cannot expel such fellows who desire to make eclectics out of the homœopathic school, from our societies, then we had better strike our flag and hide our faces."

Terrible, is it not? The very thought of being driven from such charming society as the writer, and the learned professor who makes this letter a text for one of his amiable discourses, is almost too great a shock for our nervous system. We can only console ourselves with the thought that we shall probably be in very good company. All such critics as we have quoted above we shall hereafter leave to the tender mercies of our friend and correspondent, John Crannel.

One word in reference to the name of our journal, the MEDICAL UNION. It is hardly necessary for us to say to those who have perused our pages, we do not mean by it any giving up of great principles, for such a union would be a rope of sand, falling to atoms with the slightest strain. We mean a fair, clear and distinct enunciation of our principles, without evasion, without concealment, and without one grain of reservation, and an open manly discussion of them. We believe that half the dissensions in religion, in metaphysics, in medicine grow out of misunderstanding of terms, and in attributing to others motives and views which they do not possess, and that many of the differences could easily be harmonized with a little more social feeling, without any loss of self-respect or giving up of principle. In taking this open, manly position we have done our duty. We have no favors to ask, and while we shall at no time hesitate to express our earnest convictions, and contend with all our strength for their supremacy, we shall never sacrifice principle to expediency. In the MEDICAL UNION we have a work to perform above petty spites and the wrangling of cliques. We shall contend earnestly for the great principles of our school, for the elevation of the standard of medical education, and for the broadening and deepening of the great stream of medical science. We ask the co-operation of our friends everywhere. The work is yours as well as ours. Let us all work for the highest interests of our profession, and thereby for the good of humanity.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE oldest medical association in the United States will hold its twenty-sixth session on its thirtieth anniversary, at Cleveland, on the third of June. We remember distinctly its session in 1848 in the old Society Library building on the corner of Leonard Street and Broadway. Fresh from the allopathic school, we had never met an assemblage of more earnest men, and certainly had never heard great medical principles more clearly and ably discussed. There was, too, a unity of purpose and action, a standing together shoulder to shoulder, in the ranks of a great reform, a determination to win success for the principles which seemed so grand to them, in their beauty and simplicity, by united effort and patient, intelligent labor. But little more than a quarter of a century has elapsed since then, and the little band has grown into a mighty host, scattered from ocean to ocean, and everywhere doing good and noble work for suffering humanity. This association, meeting year after year in different locations, has done much to help on the good cause, not only in gathering together the practical experience of physicians from every part of the country, but in keeping up a social feeling and a hearty sympathy with each other in the great work in which they were engaged. The old illustration of the bundle of sticks is still as forcible as ever. In union we have found strength, and, fast anchored to

great principles, we have not been afraid of the materialistic tendencies of some, or that transendental philosophy of others, which is most at home in the misty realms of dream-land, convinced as we have been that while all were thoroughly imbued with the great principles of our school, no permanent danger could arise from a tolerably wide latitude of investigation.

Much as has already been accomplished by the American Institute of Homœopathy, there is open before it a still broader field of usefulness, and we are glad to see from the circular of the General Secretary, Dr. McClatchey, tnat the papers which will be presented at the meeting in Cleveland, will treat on important topics, and be of more than usual interest. In a deliberative body like this, made up of delegates and members from every part of the the country, the best thoughts should be presented, not in a crude state, but well digested and well prepared. In this way something of real value may be given to the public, and we shall command the respect of the scientific world as earnest workers in that great field of scientific research which is every day broadening before us.

Much of the usefulness of the institute depends upon its presiding officer and the members of the different bureaus. Men should be selected who have the ability aud energy to marshal its forces, and draw out its immense resources. There is no reason why, in the extent and varied character of the information presented, the deliberations of the American Institute of Homœopathy should not equal those of any scientific body in the world; but this can only be done where the majority of its members realize that this is a deliberative body, assembled not to listen to childish talk, and stale puns and jokes, but for the discussion of great questions of vital interest to the welfare of humanity.

MEDICAL LEGISLATION.

SOME of the members of the State Medical Society are extremely anxious to regulate the rest of mankind, and for that purpose have introduced a bill at Albany. The bill is substantially the same as that introduced last year and passed both houses, and was vetoed by the Governor. Dr. Rogers of this city is the father of it, and it was amended by Dr. John F. Gray and endorsed by the State Societies. It provides for the appointment of five censors by each County Society of either school, who are thereby empowered to enforce the requirements of the bill. In case a homœopathic physician should reside in a county where there is no County Society, he may go before the censors of any County Society in the State and obtain a license. It does not discriminate invidiously in favor of the practitioners of either school, but gives the same powers and imposes the same duties on all alike. In this respect it is different from the bill recently introduced in the Pennsylvania legislature, which gives to the old school the power to regulate the others. This bill has been ably criticised by the editors of the *Medical and Surgical Reporter* (Allopathic). A similar bill was also passed by the legislature of North Carolina a few years since. The *Reporter* says of the Board appointed under this Act, "They are all regular physicians, of course, and it seems to us they must find themselves in an awkward position when some well-educated and respected homœopathic physician appears before them. If they grant him the right to practice, they are directly countenancing and aiding what, in their hearts, they believe a false and dangerous charlatanry. But they cannot follow out the dictates of their own intellects and consciences and summarily put a stop to his labors. Their position is the last one to be envied." Undoubtedly this feeling exists in the minds of many intelligent members of the school to which the *Reporter* belongs; but it is in the power of a few ignoramuses to bring the whole school into disgrace and contempt. We confess to have an objection to being "regulated" by a society to which we do not belong; and we presume the same feeling exists in the minds of some of our brethren in Pennsylvania and North Carolina. As a general thing, we believe that each physician would be more comfortable and useful if he was allowed to "regulate" himself.

The Medical Union Clinic.

CLINICAL LARYNGOSCOPY.

Sub-acute Laryngitis and bi-lateral Paralysis of the adductors of the vocal chords.—Josephine L., æt. 16, applied for relief at the Brooklyn Homœopathic Dispensary, January 29th, 1873. She had taken a severe "cold" Christmas week, and since that time had completely lost her voice. Inspection of the fauces revealed general congestion, and right tonsil enormously hypertrophied. This was removed at the first sitting. Larynx larger; mucus membrane much congested, and slightly thickened. Epiglottis erect, and somewhat congested upon its posterior face. Vocal chords, which are thickened and bright red in color, fail to move toward the median line, during phonotion, but remain widely distended. A gargle of Flor Chamomilla was prescribed as an application to the surface of the excised tonsil.

February 28.—Patient has been under treatment (principally local) for the past month; during that time the excised tonsil healed kindly, under stimulating and astringent inhalations, often repeated; the paralysis is removed, and the voice almost completely restored, although some congestion yet remains.

March 5.—Is much worse from a renewed cold. Can with difficulty speak above a whisper. Vocal

chords fail to meet posteriorally. Bowels very constipated. Prescribed Nux Vom. 3d, and inhalation of Ferri per-chloridi.

March 12.—Much improved. Caust. 6. This treatment was continued until March 28, with constant improvement of all the symptoms.

March 29.—Voice but a trifle rough in sound. Vocal chords free from congestion or thickening. No treatment from this date to April 16, when the patient again presented herself. During the interval she has steadily improved, and at this time found the voice clear and natural, and all traces of inflammation gone. Discharged.

E. J. WHITNEY, M. D.

Fibrous Polypus of the Uterus removed by Elastic Ligature.—This case was simply an ordinary one of polypus uteri. Repeated hæmorrhages from the uterus led the patient to submit to an examination which revealed the presence of a small pediculated polypus on the posterior wall of the uterine cavity. Instead of using torsion or the ordinary ligature, I determined to try the effects of elastic constriction. After an infinite deal of trouble I managed to pass a double elastic cord of india rubber around the neck of the polypus I passed the projecting ends of the cord through a canula (formed by cutting off the end of a gum catheter,) which was then pushed up against the neck of the polypus. Then the constricting cord was drawn moderately tight and fastened. Every day the elastic ligature was tightened a little, and on the sixth day the polypus dropped off. There was no bleeding nor any evidence of local irritation or constitutional disturbance. The polypus was about the size of a pigeon's egg, with a pedicle a third of an inch in diameter. I have used this form of ligature with excellent results for the radical cure of varicocele and varicose veins of the legs. JOHN C. MINOR, M. D.

Reviews of Books.

AMERICAN MEDICAL EDUCATION. *Annual address before the State Medical Society, by* JOHN F. GRAY, *M. D., LL. D.*

AFTER referring to the provisions of an act prepared by himself, and which has recently become a law, to elevate the standard of medical education, Dr. Gray states the deficiencies of the present system in the following terse and vigorous language:

"We all, of both schools, alike deplore the absence of preliminary requirements of an educational character in all our American laws regulating the license to practice medicine and also in each of the charters regulating the colleges of medicine. No culture in any science nor in any literature whatsoever, not even a primary school training in our vernacular English, is demanded of the pupil on his applying for admission to any one of our numerous medical colleges. Nor, when he approaches the censors of any State or county medical society for his license, or the faculty of any college for the doctorate, is he required to exhibit any knowledge of the learned language in which all his future prescriptions for the cure of the sick and the relief of the dying are expected to be written by his own hand.

"Thus, by implied consent of every one of our State governments, the medical pupil is allowed to enter upon and complete a three years' course of reading, lectures and demonstrations, in every line and fact of which he must encounter technical phrases drawn from Latin and Greek sources, each one of which proves a stumbling-block of detention to him or a cheering aid, as he may be instructed in or ignorant of those languages. If, by sad chance, he know nothing of these two keys to the rudiments of scientific medicine, he must not only go through his college courses, but also through his entire life career, be his natural gifts what they may, in a lame, confused and ever incomplete appreciation of all that he reads in books, or hears from learned teachers, and, consequently, of all that he himself observes also. Wonderful tact, ever tending to debasing artifices, does it require of a practitioner so situated in society, to support the implied role of a learned citizen and accomplished physician?

"The profession and the government are both in fault, alike responsible for this sad state of medical education. It is lack of energetic statement on our part, and of generous co-operation for its removal; and on the part of the government it is a culpable unwillingness to interfere with the fancied rights of incorporated medical schools.

"The government permits any man over twenty-one years of age to canvass for the degree and license, without challenge as to any other department of knowledge than medicine, and of that only the sketches and summary contents of two hurried courses of lectures delivered by teachers of whose attainments it can have no test or scrutiny whatever, beyond the degree obtained from other teachers of the same order of education. Moreover, the government takes the testimony of these teachers, so appointed, as to the qualifications of candidates for the degree and license, when it ought to know that their pecuniary interests urge them to push illiterate and otherwise unfurnished young men into a profession full to its brim with weighty responsibilities and imperiled duties. The profession should protest, but it does not; and so its overcrowded ranks go on receiving accessions, by thousands annually, of *doctores indocti*, nay, even *indoctissimi*, from generation to generation. This sad and ever-growing evil cannot continue very much longer; an enlightened community must, ere long, demand higher courts of examination than the colleges furnish, stronger preliminary training than common country schools can give, and an impartial and watchful supervision of the license to practice our sacred art by a high commission in each State.

"When that day arrives, and when this great State shall have charged the regents of its university to institute a uniform test of merit above the present college diploma and the county and State society license; when, in short, the government shall have instituted a State examination of all aspirants for practice, within its limits, like the German *Staats examen*, the profession will begin (but never till then) an ascending scale of acquirement and of efficiency in the bestowal of its great benefits.

"When our country was younger and all the States were sparsely populated by widely separated nuclei of settlements, with slow and difficult channels of intercourse between them, our American system of licensing unlettered men as practitioners,

who might, however, happen to know a few maxims of surgery and medicine, was admissible, as being the best that could be accomplished. This was better than no scrutiny and no license at all, imperfect and unsafe as it certainly was; besides, by being early placed under the surveillance of the county judiciary, it was a rudimental framework for a nobler future reality."

After mentioning several of the studies in which the student of medicine should be thoroughly conversant, he dwells at length upon the importance of a careful study of the science of physiology.

"It is not as generally understood as it should be that this science is of the fullest importance to the homœopathist in the choice of his remedies. Hahnemann's definition of disease is, that it is, in every instance, a change of vital activity; not a quantitative mutation in the substance or entity of life, but a new series of reaction to morbific influences, whether physical or psychical. Disease, as the object of our art, is simply and only a change of functional phenomena. It is not an imported substance, an outside entity. It is only the life of the subject, manifesting itself under certain conditions by changed sensations, changed functions, and, lastly, by changed growths or products. The latter are not the homœopathists' objective, but their efficient cause is ever his art-point of attack. Wherefore, as the whole assemblage of such sensational and functional changes and their structural results, in every medicable sense, is the only attainable conception of the disease, *i. e.*, of the state to be removed, and also is the only scientific clue by which a remedial agent can be reached, homœopathy forbids her disciples to deviate from the pathways of sound evidence, the domain of every positive science, by a transcendental search for his art-object among the illusory conceits and evermore changing hypotheses of the elder methods.

"Entity is objective to God alone; no finite intelligence can know anything of it except its utterings, its phenomena: no quantitative or qualitative changes in life itself have ever been, or ever can become, appreciable by human observation.

"But how can we, of this stringent method of procedure, appreciate disease otherwise than by studying well, sharply, incessantly the vital activities and the functional utterances of the healthy organism—otherwise than by amply knowing physiology?

"Allopathy makes use of physiology chiefly—perhaps I may say exclusively—to aid her disciple in his impossible endeavor to know the nature—not the phenomena only, but the nature of—disease. That is to say, allopathy seeks to know and evermore affects to understand what that change may be in the inscrutable entity, life, which produces the symptoms of the sufferer.

"Homœopathy makes use of physiology to guide her disciple in the detection of his art objective, the grouping out of the totality of morbid symptoms and morbid products in each case; and she forbids him to attempt to found a scheme of cure, in any possible instance or emergency, upon assumptions drawn from that realm of conjecture which lies outside the well defined limits of human observation, of positive silence.

"The allopathist, moreover, assumes to be aware, in some *à priori* way, impossible in any human science, that some drugs diminish or increase life quantitatively, and that others affect it qualitatively; and he chooses his remedies, against his assumed biological morbid changes, from these his fancies about drug powers. Hence his nomenclature of tonics and debilitants, and of narcotics, sedatives, deobstruents, etc.; and hence his compounding, combining and classifying of mixtures which correspond to his fancied "indications of cure." His physiology, too, must bow to his *à priori* tendencies, and the functions in health and in disease, must, in his method of art, depend on correlated assumptions about life as to quantity and temperament.

"But the homœopathist assumes nothing whatever *à priori* as to drug powers. He tests these by careful trials of them, each one by itself, and he knows them only through their purely physiological effects; and his interpretation of such effects is not vitiated by assumptions in the unsettled departments of physiology. He cannot classify his remedies; each drug, after its proving on the healthy, is the symbol for totality of its own physiological effects alone.

"The homœopathist must, moreover, know physiology thoroughly, in order to conduct drug trials, on himself or others, with precision and success, for the enriching of the materia medica.

"Without physiology he cannot take a single sure step in the onward progress of this vital branch of his school; nor can he administer, in a scientific or self-satisfying manner, any of its resources for the healing of diseases.

"Long centuries ago, Galen, one of the immortals of our profession, saw, in a moment of profound inspiration, the true use of physiology in practical medicine; although he utterly failed to apply it in his art precepts in the only way which the obvious truth of his great maxim demands.

I have great pleasure in calling his golden words up from the buried past, as, in my judgment, the most fitting expression of the right side of our great controversy regarding the primordial elements of the art of healing which can be found in the whole literature of medicine:

"'*Cujusque morbi tanta est magnitudo, quantum a naturali statu recedit; quantum vero recedat, is solus novit qui naturalem habitum* [*physiologiam*] *ad amussim tenuerit.*'

"My dear junior colleagues, renew and steadfastly persevere in your pursuits of this great science. With the aids of your scalpel, a chemical laboratory and the microscope, make practical researches in verification of each important department in physiology. For thus and only thus can you righteously discharge the obligations of a practitioner, or the functions of a teacher of scientific medicine. Learn from physiology and chemistry, patiently studied, how to estimate with justice and candor the great issue, joined over sixty years ago, between the two schools in medicine. Find from this culture the real value of Hahnemann's protest against the transcendental methods in the elder, and also the real value of his contributions to the later of these schools. Study his *Organon of Rational Medicine*, and also Grauvogl's *Commentaries*, with faithful attention.

"Learn to appreciate the strength of your position; to know that it is impregnable, however few its defenders, because its foundations are laid in ascertained science and imperishable philosophy. So shall you be able to bear arms worthily in the unwelcome contest to which you must be a party, and

to await its termination with tranquil assurance. For terminate it certainly will, and that in peace honorable to you and grateful to the other party. I trust the day of reconstruction is not very distant.

"The history of civilization shows a steady progress in the toleration of differences of opinion in politics and religion. The ratio of that advance in toleration is manifestly a progressive ratio, so that the philanthropic observer can feel its movement to be at the rate of at least ten ages for one, as compared with that of the epoch of the last religious wars of Europe.

"To-day Roman Catholics and Protestants live in political amity, and even social good-will, who, less than three hundred years ago, were reciprocally lighting the torch and wielding the rack for enforcing uniformity of opinion: and most of this grand achievement has been attained within the last half century; nay, as to masses of population, within the last ten years.

"The documents of toleration gather upon us day by day 'thicker than leaves in Vallambrosa;' for modern civilization, understanding the rights of man and knowing the necessity of liberty for their support, is walking away in supreme contempt from the apparatus of enforced uniformity.

"Stand firmly in your place, my young friend; assert your right with that of every other man to utter and to follow the opinions which fact and reflection honestly produce. Be thou of the party of toleration, for that is the party of justice, of true humanity!"

We need offer no apology to our readers for the lengthy quotations we have made from this very able address. It is seldom that medical questions are handled with the clearness, the strength, and classic force and purity of expression which characterize this paper. The closing sentiments are so directly in accordance with the spirit and teachings of the MEDICAL UNION that we quote them with peculiar gratification.

A PRACTICAL GUIDE FOR MAKING POST-MORTEM EXAMINATIONS AND FOR THE STUDY OF MORBID ANATOMY, ETC., ETC. By A. R. THOMAS, M. D. BOERICKE & TAFEL.

THE Hahnemann Medical College of Philadelphia is fortunate in having a faculty who have fairly earned the reputation of placing their institution foremost among the homœopathic medical schools. This honorable position has been acquired not by persistent advertising, nor by claiming the possession of remarkable educational facilities, but by the individual worth and ability of the professors. While we would not lessen the merit of the rest of the faculty, we must regard a very large proportion of this success as due to the rare attainments and thorough teaching of Professor Thomas in the department of Anatomy. The book before us is from the pen of this indefatigable worker, and is a good illustration of his method of instruction. The title of the book gives a clear idea of its contents. It is a practical guide for making post-mortem examinations and for the study of morbid anatomy, and is, beyond comparison, the best work of its kind. In fact it is the only work of its kind, inasmuch as it is the only one that practically meets the requirements of physicians in ordinary practice. The larger work of Delafield, and the unwieldy volumes of the French and German pathologists are valuable as works of reference; are absolutely necessary indeed, for thorough research into the nature of morbid conditions. But the book before us is one of ready reference, giving clear directions as to the best methods of performing post-mortems and concise but comprehensive instructions for the discovery and recognition of morbid phenomena—just such a work as those who make but few post-mortem examinations will find of most assistance. One feature of the work we cannot recommend too highly—the rejection of many of the cumbersome subdivisions of diseases and the adoption of the simplest forms of pathological nomenclature. It is refreshing, after wading through the eight or nine varieties of Bright's Disease given by Rokitansky, to come down to the three recommended by Thomas. This conciseness is not reached at the expense of accuracy, for the author is very exact in his definitions, and is thoroughly reliable so far as he goes. And here he shows a rare judgment in not carrying his subjects too far. For instance, in treating of the degenerations of the liver, Professor Thomas thus describes the waxy or lardacious disease: "In this form of disease, the liver undergoes greater enlargement than in any other disease excepting cancer. The enlargement is uniform in every direction, so that the form of the gland is unchanged. Pain and tenderness are never prominent symptoms of this disease, hence the liver may be manipulated during life with impunity, the patient complaining only of weight and tightness in the right hypochondrium.

"The progress of the disease is usually slow, extending in most cases over several years. The spleen, kidneys and intestines will frequently be found presenting this change at the same time.

"The tissue of the gland in these cases is very firm, so that the organ generally retains its form when laid with its convex surface on the table. The external surface is smooth and free from adhesions. When cut, a peculiar translucent substance is found infiltrated through the tissues, giving it a firm, glistening appearance, known as waxy, lardacious, amaloyd, albuminous, or sometimes scrofulous liver. This substance is stained a deep red by the action of a weak solution of iodine.

"The change appears to commence first in the small blood vessels, finally extending to the lobules, appearing first in the centre, and ultimately involving the whole lobule.

"The disease is more common in males than females, and is frequently caused by constitutional syphilis. In some instances, it would appear to be produced by a tubercular diathesis, and co-exists with some local form of scrofulous disease, or by a long exposure to malarial influences."

This is a fair sample of the descriptions given by Professor Thomas of the various pathological conditions, and we quote it to show of what material the whole is made. In glancing over the description we are favorably impressed, not only by what the author says about the waxy liver, but also (to use a Hibernian expression) by what he does not say. It would doubtless be interesting to a few if Professor Thomas had gone into the subject more at length, giving a full history of the lardacious disease, as a general affection of the blood having local habitudes, as shown by Drs. Gairdner and Sanders, but more especially by Meckel, who calls it the "cholesterine disease," and supports his views with a vast array of chemical and microscopic demon-

strations. The researches of Budd into the scrofulous nature of the disease; the opinions of Oppolzer, who calls it a "colloid liver," or of Engel, who considers it a true hypertrophy, all these additions and extensions might please a few, but the practical character of the book would then be lost to the many. Professor Thomas very wisely leaves the deeper points of pathology untouched, and confines himself to meeting the wants of the physician who wishes to clear up a difficult case of diagnosis by a post-mortem examination. For this purpose the book is thoroughly good, and, because the author has refrained from pushing the examination into the vexed ground of pathological histology, it will always be a standard work. In reviewing the book as an introduction to the study of morbid anatomy we can only add to the praises we have already bestowed upon it. It is not likely that in this country there will ever be the same facilities for the study of morbid anatomy that exists in Europe, and particularly in Vienna. Nevertheless there is no excuse for banishing it entirely from the curriculum, since the material for instruction is sufficient, provided the study is systematized. A post-mortem examination should be made of every subject in the dissecting-room, and, with the book of our author as the text for every student, we will venture the opinion that one winter's course so conducted would be of more practical benefit to the future physicians than all they learn at present in pathology and topographical anatomy during a full course of two or three years. Used in this way the work of Professor Thomas would be of great value as a text-book for students during their first course in pathology, to be replaced, as they advance in the science, by works of wider scope and more exhaustive nature.

J. C. M.

THE CHARACTERISTICS OF NEW REMEDIES. By EDWIN M. HALE, M. D.

EVERY homœopathic physician who possesses and has read the first and second edition of the *New Remedies*, must have conceded that the author's service to the cause and advancement of our school is only second in rank to that of Jahn, when he gave us the *Codex and Repertory*. The labor and research bestowed upon such a work can only be appreciated by men who have engaged in similar undertakings.

The treasures bestowed upon the profession in these volumes, many of which lay scattered in every direction, had to be culled with great care, and the dross separated from the pure and valuable material. All these labors the author seems to have performed with a zeal and indefatigable perseverance which show that it was a work of love, which can have its best reward only in the consciousness of the service which he has done to the profession.

The third edition, with the title of *Characteristics*, is now before us, and improved in many respects; though, to those who do not possess the first or second edition, the omission of the description of the respective plants will be a disappointment. The author does not tell us what the due considerations were which led him to omit so important a part to the practitioner, but he has given us instead a valuable addition of eighty new medicines; but we regret that these also, though never furnished by him before, with a description, are also given without this very important article. But we gratefully accept, nevertheless, the valuable services he has rendered to the profession, in giving us the complete characteristics of nearly all the new remedies which modern research and provings have furnished to the healing art.

We need hardly add that no physician, who desires to give his patients the benefit of all the new discoveries and remedial agents, will, or can, do without the book. It will lighten the labors of every homœopathic pyhsician who consults its pages daily before he decides upon the proper remedy for the diseases he is called upon to combat.

THE NEW YORK JOURNAL OF HOMŒOPATHY, *under the auspices of the New York Homœopathic Medical College.* WM. TOD HELMUTH, M. D., and T. F. ALLEN, M. D., Editorial Committee. CARLE & GRENER, Publishers. $3 Annual Subscription.

THIS new addition to the ranks of the homœopathic monthlies has now issued three numbers, and will compare favorably with some of the older journals. Its editors are well known as able men, and the articles already contributed show a laudable desire on the part of both editors and contributors to make the *Journal* one of practical value. The general tone of the journal shows a decided tendency toward the advocacy of the high potencies, and this feature will commend it to many who are convinced of the efficacy of infinitesimals. Being under the auspices of the New York Homœopathic Medical College, the *Journal* will probably reflect in its pages the general ability and scholarship that already characterize the faculty of that college, and we shall look with pleasant anticipations for the contributions of the several professors. We hope the new journal will meet with a deserved success, and that the college will become more prosperous and efficient than ever before.

THE CINCINNATI MEDICAL ADVANCE. T. P. WILSON, M. D., Editor. Published by EVERETT W. FISH, M. D., Cincinnati, Ohio. $3 a year.

THIS new journal seeks to occupy new grounds. "We shall stand upon a point midway between a strictly medical and scientific journal," says the editor. We have no doubt that the field is a good one to occupy, and that Dr. Wilson is able to take possession. We have a kindly leaning towards new journals, and especially towards those that display the liberality and broad views expressed in the first number of the *Advance*. We see much to praise in it and believe that whatever imperfections exist in the first number are due to the difficulty of locating that midway point. The practical articles are all excellent, and Dr. Wilson's contributions will well repay the attention of the profession. We wish our friends a good success and extend to them our cordial greeting.

Dr. Tullio S. Verdi, of the Board of Health of the District of Columbia, has been selected by the Governor to visit Europe to examine into sanitary regulations abroad. The Secretary of State has furnished Dr. Verdi with a circular letter to the Ministers and Consuls of the United States in Europe, to aid him in his mission. No better selection could have been made, and we shall look for an interesting and valuable report from Dr. Verdi on his return.

Scientific Gleanings.

RETENTION OF URINE; PUNCTURE WITH CAPILLARY TROCAR.—Dr. Clewzean mentions a case where in a case of hypertrophy of the prostate gland, no urine was discharged from the bladder except by overflow. Catheterism having failed, Dr. C. punctured the bladder above the pubis with the needle, No. 1, of Dieulafoy's aspirator. This was repeated six times in four days; then he succeeded in passing through the urethra an olivary bougie, and soon after the patient learned to introduce it himself.

SKIN GRAFTING.—Dr. Griffini of Pavia says cutaneous grafting is indicated in all wounds in full and uniform granulations when we wish to accelerate healing. In chronic wounds of old, or cachectic persons; in varicose ulcers, with callous margins. In those cases of extensive wounds where spontaneous cicatrization would be attended with considerable retraction of the parts; burns; in wounds of hard surfaces covered with skin only, as the front of the tibia.

A CURE FOR DIABETES MELLITUS.—Professors Cantani and Primavera of Naples report the most extraordinary success in their treatment of this obstinate disease. The cure consists in an exclusive meat diet, and by this term fish is also included; further, at each meal is to be taken Lactic acid, two to four scruples in six ounces of water. As a substitute for wine at dinner, half an ounce of alcohol with six ounces of water is given. Alcohol and Lactic acid are designed to replace the saccharine and starchy elements of the food. To obtain a permanent cure it is necessary to persist in the treatment for several months after sugar has ceased in the urine. Then the patient may gradually return to a mixed diet.

—*Allgemein. Med. Central. Zeitung*, 1873.

ON THE USE OF IODOFORM IN SOME VENEREAL AFFECTIONS.—*By Dr. Izard, of Paris.*—Dr. Izard has employed iodoform in the treatment of infecting chancre and of some secondary and tertiary symptoms of syphilis, of soft chancre and consecutive bubo, of phagedenic chancre and of mixed chancre. He claims for this substance only a local action, and he thinks it has but little influence on the indurated chancre, except in certain conditions of that form of sore. In syphilitic inflammation, iodoform is very usefully employed either as a pomade, or in a solution of alcohol and ether. If the gland suppurates in scrofulous or lymphatic subjects, and if a number of openings are formed, the iodoform will cause them to heal. Ulcerated forms of syphilitic disease, rupia and gummata have yielded rapidly to the employment of iodoform, but with the addition of internal constitutional treatment. When the soft chancre is very painful, the anæsthetic properties of iodoform render its employment advisable. In simple bubo, a pomade of iodoform, applied for a few days, has sometimes caused the absorption and disappearance of the swelling. In the chancrous bubo, iodoform is not equally efficacious in the different stages of inflammation, suppuration and ulceration. In the first stage, if the swelling is painful, the iodoform pomade will be useful; in the second it is useless; in the third, after the purulent matter is evacuated and there still remain openings in the sore, repeated injections of iodoform will cause the ulcerated openings to close. Phagedenic sores, when once their true nature is revealed, are not benefited by iodoform, but the mixed chancre may be advantageously treated by this agent. A case is recorded, in which the action of iodoform was beneficially exerted in a case of venereal disease; and Dr. Izard declares of this new therapeutical application, that venereal sores so treated, are cicatrized ten, fifteen or twenty days sooner than when other methods are employed.—*Bulletin Général de Thérapeutique.*

THE NUTRITION OF THE LUNG-TISSUE IN CONSUMPTION.—Dr. W. Marat, F. R. S., has contributed a valuable paper on this subject to the *Philosophical Magazine.* Among a great number of conclusions, the following bear especially on the point above stated: (*a*) That in phthisis a given weight of muscular tissue contains less nutritive material than it does in health, less mature or insoluble tissue, rather more water and a much higher proportion of chlorine and soda. (*b*) That in phthisis, the phosphoric acid and potash, effete in muscular tissue, are present exactly in the right proportion for the formation of a pyrophosphate, as occurred in healthy flesh. This shows that the process of waste of muscles in phthisis takes place precisely as it did while in a state of health, and confirms the result, relative to the composition of the effete material of muscular tissue; eight analyses of flesh yielding phosphoric acid and potash effete, in the proportion of pyrophosphate. (*c*) That the emaciation in phthisis appears due mainly to the blood not being in the proper condition to supply nutritive material to muscular tissue. The damp or wet state peculiar to muscles after death from phthisis, appears to show that the colloid state of the flesh in that disease is somewhat deficient. (*d*) That the tubercular or adenoid formation in pulmonary tissue actually undergoes nutrition, and is consequently *a growth*, the phosphoric acid and potash being apparently eliminated as in the case of flesh, under the form of a crystalloid phosphate. The nutrition of the abnormal growth accounts for the absence of any smell of decomposition, which is nearly invariably observed at the post mortem examination, when performed shortly after death from consumption. (*e*) The process of softening of the tubercular substance appears due to a loss of colloid power. It can hardly be owing to an increase in the proportion of water, as there is but very little more water in softening tubercular lungs than in those that are healthy.

—*London Pop. Science Review, April*, '73.

CROUP—*Morbid Anatomy of.*—Two distinct diseases are confounded under the name of croup. 1. Acute catarrhal laryngitis, in which there is nothing more than congestion and swelling of the mucous membrane of the larynx, with mucous or puriform exudation on the surface. 2. Diphtheritic croup, attended with the formation of a false membrane independently of the age of the patient or the severity of the inflammation, but simply on account of the specific character of the disease.

Local Treatment by Lactic Acid.—Lactic acid is a solvent of fibrinous exudations, such as that of croup. This property may be made of use in the treatment of that disease. The patient must be made to inhale a solution of lactic acid (fifteen to twenty drops in half an ounce of water) in the form of spray, at first every half hour, and afterwards when the respiration improves less frequently.

DIAGNOSTIC CHARACTERS OF THE CHANCROID AND CHANCRE.

COLLATED BY CLARENCE E. BEEBE, M. D.

THE CHANCROID.

ORIGIN.

I. Always derived from a chancroid or virulent bubo.

II. Has no period of incubation.

ANATOMICAL CHARACTERS.

I. Generally multiple, either from the first or by successive inoculation.

II. An excavated ulcer perforating the whole thickness of the skin or mucus membrane.

III. Edges abrupt and well defined, as if cut with a punch, not adhering closely to subjacent tissues.

IV. Surface flat, but uneven, "worm-eaten," wholly covered with grayish secretion.

V. No induration of base unless caused by caustic or other irritant, or by simple inflammation; in which case the engorgement is not circumscribed, shades off into surrounding tissues, and is of temporary duration.

PATHOLOGICAL TENDENCIES.

I. Secretion copious and purulent. Anti-inoculable.

II. Slow in healing. Often spreads and takes on phagedenic action.

III. May affect the same person an indefinite number of times.

CHARACTERISTIC GLAND AFFECTION.

I. Ganglionic reactions absent in the majority of cases. When present, one gland acutely inflamed, and generally suppurates. Pus often inoculable producing a chancroid.

PROGNOSIS.

I. Always a local affection, and cannot infect the system. "Specific treatment by mercury and iodine always useless, and in most cases injurious.

THE CHANCRE.

ORIGIN.

I. Always derived from a chancre or syphilitic lesion.

II. Has a period of incubation.

ANATOMICAL CHARACTERS.

I. Generally single. Multiple, if at all, from the first; rarely, if ever, by successive inoculations.

II. Frequently a superficial erosion; not involving the whole thickness of the skin or mucus membrane; of a red color, and nearly on a level with the surrounding surface; sometimes an ulcer when its

III. Edges are sloping, hard, often elevated and adhere closely to subjacent tissues.

IV. Surface hollowed or scooped out, smooth, sometimes grayish at center.

V. Induration firm, cartilaginous, circumscribed, movable upon tissues underneath. Sometimes resembles a layer of parchment lining the sore. Generally persistent for a long period.

PATHOLOGICAL TENDENCIES.

I. Secretion scanty, chiefly serous; inoculable with great difficulty, if at all, upon the patient or upon any person under the syphilitic diathesis.

II. Less indolent than the chancroid. Phagedena rarely supervenes, and is generally limited.

III. One attack affords complete or partial protection against a second.

CHARACTERISTIC GLAND AFFECTION.

I. All the superficial inguinal ganglia on one or both sides enlarged and indurated, distinct from each other, freely moveable, painless, and rarely suppurate. Pus never inoculable.

PROGNOSIS.

I. A constitutional affection. Secondary symptoms, unless prevented or retarded by treatment, declare themselves in about six weeks from the appearance of the sore, and very rarely delay longer than three months.

The following table exhibits the usual period of development, following the appearance of the chancre, of the more important syphilitic symptoms.—M. MARTIN, (Bumstead).

SYMPTOMS.	Date of usual Development.	Date of earliest Development.	Date of latest Development.
Roseola,	45th day.	25th day.	12th month.
Papular eruption,	65th day.	28th day.	12th month.
Mucous patches,	70th day.	30th day.	18th month.
Secondary affections of the fauces,	70th day.	50th day.	18th month.
Vesicular eruption,	90th day.	55th day.	6th month.
Pustular "	80th day.	45th day.	4 years.
Rupia,	2 years.	7th month.	4 years.
Iritis,	6th month.	60th day.	13th month.
Syphilitis sarcocele,	12th month.	6th month.	34th month.
Periostitis,	6th month.	4th month.	2 years.
Tubercular eruption,	3 to 5 years.	3 years.	20 years.
Scorpigenius "	3 to 5 years.	3 years.	20 years.
Gummy tumors,	4 to 6 years.	4 years.	15 years.
Onychia,	4 to 6 years.	3 years.	22 years.
True exostosis,	4 to 6 years.	2 years.	20 years.
Ostitis, changes in the bones and cartilages,	3 to 4 years.	2 years.	41 years.
Perforation or destruction of the velum palati,	3 to 4 years.	2 years.	20 years.

Correspondence.

The following interesting description of the Glasgow Maternatié is furnished by a lady who was for some time the Assistant Matron of the institution:

The Maternatié embraces a lying-in asylum, and a school for nurses. Formerly there was a child's hospital connected with it, but that was given up. It is managed by a board of laymen and physicians, and is entirely self-supporting. There is a matron at the head of the establishment, and she appoints an assistant matron. The servants are only two—a cook and assistant cook. The washing and ironing is done by the patients, and a neat, trim, little woman is selected for a door waiter. The rooms are small, and only three beds are allowed to a room. Once a week the floors are scrubbed and the rooms fumigated. The fumigation consists in evaporating a solution of Carbolic Acid in the closed wards, over a hot fire. The bedsteads are of iron, and each bed is supplied, in addition to the regular bedding, with a shelf, on which is placed a pitcher of gruel at night, and a Bible. A bed card containing the age and history of patient, a box-stool containing a urinal, which is placed upon a small strip of carpet, and a long, full cloak to be used by the patient while up, complete the outfit for each bed. All patients are charged a small sum for their board, except they be in actual labor at the time of admission, and are only allowed to remain nine days from confinement, except in cases of complication. In case of suspected puerperal fever, the patient is taken at once to the fever ward, and the clothes thrown from the window and, together with the ward, thoroughly disinfected. The patients before confinement have the ordinary house diet, and after confinement:

Oatmeal gruel, tea and toast, at - - - 8 A. M.
" " " at - - - - - - - - 11 "
Rice and milk, or bread steeped in milk and water, at - - - - - - - - 1 P. M.
Tea and toast, at - - - - - - - - 6 "
Pitcher of gruel, at - - - - - - - - Night.

The food is prepared by the cook and taken to the ward by the assistant cook. The operating room contains the usual number of beds and a case for instruments, and also the sleeves and aprons for doctor and nurse. The bed is made as is customary in this country.

Now for the *school for nurses.* In the first place, it is necessary that the applicant should bear a good reputation, and be more than ordinarily intelligent. If accepted, she pays twenty-five dollars, and is assigned to a room called the nursery, which is simply a large room for the nurses to sleep in. She is then assigned a patient, and is to attend her while the patient and her offspring are in the house. By ten o'clock in the morning the house must be in perfect order and the nurses dressed, ready to receive the doctor. When the attending physician arrives, he is met by the resident physician who attends him during the visit, case-book in hand. At the bedside the resident takes the head of the bed, and hands the bed card to the attending physician who is always at the side, with the nurse at the foot. The resident is selected from the graduating class of the college, and holds his position for three months. He is only called upon to attend cases of complicated labor and if the case is beyond him he calls upon the Consulting Board. Twice a week the nurses attend lectures, and they are constantly attending cases.

After having served three months and individually confining thirty patients, they are given a certificate. The lectures are almost all upon complicated labor, and are attended by the students as well as nurses. The students from the University are allowed to go through the wards with the professor, on Saturdays, when the stethoscope is used to find the fœtal heart, and vaginal examinations, the introduction of the catheter, &c., are in order. A list of the nurses is kept at the Maternatié, and those who attend to their duties the best are the first to be recommended. There are so many applicants for positions as nurses at the Maternatié, that they sometimes have to reduce the time to six weeks, in order to accommodate them all.

The Brooklyn Maternitie.—In our last number we announced the fact of the establishment of a nursery department in the Brooklyn Homœopathic Lying-in Asylum, and intimated that other changes would soon be inaugurated. The lady managers have nearly completed their plans, and in a few weeks they will throw open to the public a charity of which the school may well be proud. The plan involves the establishment of four departments—the lying-in asylum, nursery, child's hospital, and school for nurses; the whole to be known as the Brooklyn Maternitié. For this purpose a property has been purchased in the heart of the city for $42,000, and, when completed, the building will be perfectly adapted to the wants of each department. The property is sixty feet front by one hundred and four, and the building fifty by fifty, with an extension of twenty feet, and contains forty-six good-sized rooms. It is built of brick with brownstone trimmings; is four stories high, with plate-glass windows and French vestibule doorway; very commodious in all its appointments, and has recently been put in complete repair. It will be occupied about the first of June, when the house in Willoughby Street will be vacated. The managers propose giving a donation party on the twenty-third of this month, and we are requested to ask our subscribers living in New York and Brooklyn, to send anything that they think will be of service to the institution, to 50 and 52 Concord Street, Brooklyn. There are few charities that have sprung so rapidly into existence, and none that have had more obstacles to overcome; but the ladies have never faltered and they now can claim success as their reward. The institution is managed by a board of forty ladies, and they have appointed the following gentlemen to assist them:

Officers of the Asylum—*Medical Director*, Albert E. Sumner, M. D.; *Resident Physician*, J. F. Oaks, M. D.; *Medical Staff*, R. C. Moffatt, M. D., W. S. Searle, M. D., Wm. B. Garside, M. D., W. M. L. Fiske, M. D., D. A. Gorton, M. D.; *Counsel*, W. W. Goodrich.

Two hundred and three physicians were graduated at the different Homœopathic Medical Colleges in this country at the close of the last winter.

The statement of Dr. Hatton, that the fœtal pulsations determine the sex of the child, does not stand the test of examination.

Transactions of Societies.

PROCEEDINGS OF THE BRITISH HOMŒOPATHIC SOCIETY.

FROM an article entitled Practical Remarks upon Podophyllin, read by Dr. John Moore before the Society, we make the following abstract:

1st. That Podophyllin is a very active and penetrating medicine, resembling Calomel in its specific action on the liver and glandular systems, but beyond that the similarity ceases.

2d. That its direct sphere of action is the whole portal system, and indirectly all other systems connected with that, either by nervous or vascular ties.

3d. That while the liver and gall-bladder are directly acted upon by this medicine specifically, and led by it to discharge their contents, great relief is given to the lungs and the brain, when oppression of these vital organs is connected with inactive and irregular action of the liver.

4th. That torpidity of the liver, rather than vascular congestion, is the chief sphere of Podophyllin; in other words, a non-secretory state, or a state of non-expulsion of the bile secretion, is the indication for Podophyllin, and this state is indicated by sallow complexion, furred tongue, and constipation.

5th. That the curative dose in such cases must be brought near to the physiological, viz.: the tenth, fifth, or fourth of a grain given once or, at the utmost, twice a day, and immediately arrested if diarrhœa appears.

6th. That the middle dilutions ought to be prescribed for the other diseases in which Podophyllin is indicated—diarrhœa, dysentery, prolapsus ani or uteri, &c.

7th. That the diseases in which Podophyllin has been found most serviceable by the writer are gout, erysipelas, spasmodic and bronchial asthma, and chronic bronchitis, and all these diseases only as an intercurrent. (The writer has not had any personal experience of its benefits in syphilis and goitre, and cannot, therefore, affirm or deny its power in these diseases.)

8th. That Podophyllin is not specially indicated in hepatitis, nor in any of the early stages of acute disease, save in the diarrhœa and dysentery, for which it is homœopathic.

9th. That it ought never to be given where a simple aperient is required, as in cases of undigested food, lodgments in the cœcum and colon, &c. Its use should be restricted to liver constipation.

Lastly, where a specific has been defined by Dr. Drysdale, as a remedy in which the whole physiological is absorbed into its therapeutical action, there are some exceptions, and this I believe to be one of those where the boundary line between the physiological therapeutic action is not easily defined, and where we are most certain of the therapeutic effects when we touch the physiological sphere.

In the discussion which followed the reading, Dr. Bayes said that his experience, though less extensive, corroborated Dr. Moore's as to the curative sphere of the drug. He had found the lower triturations and dilutions of the greatest service in sick-headache accompanied by constipation; while the higher dilutions had proved of great use in bilious diarrhœa and chronic looseness of the bowels.

He (Dr. Bayes) stated that his method of prescribing it in constipation and abdominal venous congestion, was to give of the first trituration a dose for three nights, unless the bowels moved freely earlier, then discontinue for three or four days and repeat if necessary; in this way no unpleasant results followed. Dr. Bayes places reliance on Podophyllin in a low dilution when the prominent symptom is abdominal congestion, causing uterine troubles, constipation and headache in females, and in men, headaches, constipation, and sometimes varicocele.

Dr. Hale disagreed with Dr. Moore; considered the cures due to intercurrrent remedies, and that Podophyllin acted as an allopathic aperient, taking the place of Castor Oil, only being more efficacious. Thought Dr. Moore justified in prescribing it, but also thought its action pathogenetic and not homœopathic. Dr. Hale had found Podophyllin 3d, useful in hepatic and intestinal congestion. He thought the subject in Dr. Hughes' therapeutics as to the action of Podophyllin on the ilium and jejunum, would have proved of more interest if Dr. Moore had investigated it and given his experience, than the paper read before the society.

Dr. Hughes expressed himself as strongly opposed to Dr. Moore's method of using Podophyllin, and also his explanation of its action as being non-homœopathic and entirely at variance with the law of similia; and thought that the subject was foreign to the intentions of the society, which was formed for and in the interest and advancement of Homœopathy. Thought that giving medicine in this manner and explaining its action in this way, was a virtual surrender of the law of cure adopted by the homœopathic profession. His experience in the use of Podophyllin was very satisfactory, but he had prescribed it homœopathically. It was indicated in cholera infantum, rectal dysentery with prolapsus ani, and in acute bilious attacks.

We have used Podophyllin in malarial diseases, with decidedly beneficial effects, giving it in doses large enough to act as a cathartic. We found that intermittents were more permanently cured than when treated without it. In a case of goitre we gave the first dilution of Podophyllin four times a day, six-drop doses, and applied, externally, a preparation, with alcohol of one ounce of tincture to a pint. The patient was cured in two months; no other remedy was used. We have heard frequent complaints of the uncertainty of its action. Dr. Moore states, that when there is much lactic acid in the stomach, the drug is rendered useless, as that acid entirely neutralizes Podophyllin, while acetic does not affect it. Certain constitutions seem to be very susceptible to its action, while others are not affected by it at all. Our experience has been, that it is less satisfactory than mercury when used in its crude form, except in certain idiosyncrasies.

Dr. Williams gives a paper upon the treatment of small-pox with Baptisia. Under the influence of this remedy he says some cases appeared to be cut short, the vesicles drying up. In the hæmorrhagic form, all these cases recovered in which Baptisia was given. Owing to the stimulating action of the drug, alcoholic stimulants were less needed than in those cases treated by other remedies. The absence of deep pitting pointed to the stimulating action of the drug on the sympathetic nerves.

Dr. Dyce Brown read an interesting paper on relapsing fever, after giving the symptoms of the disease, which we presume are familiar to most of our readers. In the earlier cases where the watery diarrhœa and vomiting were present, he gave Arsenicum with excellent results. He found no benefit from Aconite, but much from Baptisia, although this remedy failed in some cases. Baptisia had no power in preventing the relapse, and he only gave it during the paroxysm. Five grains of the Hypo-Sulphite of Soda given three times a day, he found, in the majority of cases, prevented the relapse.

In the discussion upon this paper—

Yeldham said that, as relapsing fever seemed to be an intermittent disease, he should treat it with small, yet palpable doses of Quinine. Dr. Bayes doubted whether Quinine would influence relapsing fever favorably, and thought the symptoms pointed more to Nux Vom., but as neither himself or Dr. Yeldham had ever seen a case of relapsing fever, their opinions were of but little practical value.

TWENTY-SIXTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The thirtieth anniversary and twenty-sixth session of the American Institute of Homœopathy will be held in the City of Cleveland, Ohio, commencing Tuesday, June 3d, 1873, and continuing four days. The usual *preliminary meeting* will be held at the residence of Dr. N. Schneider.

There is every reason for believing that this meeting will be largely attended, and that the reports of the various bureaus will be more than usually full, interesting, and valuable. In accordance with the plan of the Institute—that each bureau shall select a special subject for presentation and discussion—the following bureaus have notified the General Secretary of their selection of the annexed subjects:

BUREAU OF MATERIA MEDICA, &C.—A plan for the more thorough and proper proving of medicines and notation of symptoms. Provings of Eucalyptus globulus.

BUREAU OF CLINICAL MEDICINE.—Phthisis pulmonalis.

BUREAU OF OBSTETRICS. &C.—Leucorrhœa.

BUREAU OF SURGERY.—Diseases of bones, and their medical and surgical treatment.

BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE.—What is the best diet for the sick in general, and what is the best in particular diseases?

BUREAU OF PSYCHOLOGICAL MEDICINE.—Vital dynamics.

BUREAU OF OPHTHALMOLOGY AND OTOLOGY.—

Papers upon these subjects are solicited by the various bureaus. Papers upon other subjects are not intended to be excluded, but are likewise solicited. All papers upon medical or surgical subjects should be sent to the chairman of the appropriate bureau, or to the General Secretary.

Officers of homœopathic medical societies and institutions are earnestly requested to send a written report of the condition, &c., of said societies or institutions, to Dr. W. M. Williamson, No. 29 North Eleventh Street, Philadelphia, chairman of the *Bureau of Organization, &c.*

It is hoped that physicians will make strenuous efforts to attend this meeting of the Institute, and do what they can to make it subservient to the advancement of medical science.

The Institute will be hospitably entertained by the physicians and other citizens of Cleveland, during the session.

A circular will shortly be issued by the General Secretary, in which further information will be given, including that relating to railroads.

Members of the profession wishing blank *applications for membership* will be promptly supplied by applying to

ROBERT J. MCCLATCHEY, *General Secretary*,
No. 918 North Tenth St., Philadelphia.

News Items.

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.—We clip the following from an editorial in the *Grand Rapids Eagle*, one of the ablest and most influential papers in Michigan, as an illustration of the way in which the medical question which is now agitating the University of Michigan strikes ths public Press:

"The people elect Regents of the University, and the Constitution gives to the Regents *supervision* of the University, and *control* of the expenditure of a particular fund. Other moneys are appropriated by the people in the only way by which it can be done, that is, through the Legislature, the members of which the people elect. And the doctrine is put forth that the people have no right to say what shall be done with the moneys which they thus appropriate. Of the reasonableness of such a doctrine most people are able to judge for themselves. As to the legal puzzle of the extent of the powers of the Regents, and of the directory power of the people's Legislature, the question must of course be left to the Courts. The latter have, as yet, been unable to decide it—and that, notwithstanding the fact that two members of the Supreme Court were also professors in the University. It is noticeable that some people, professing to have a full understanding of both sides of the question, have certainly a wonderful capacity of assumption for one side. Thus a horribly mangled communication in a morning paper in this city assumes that ninety-nine out of every one hundred of the people of Michigan "have no faith in Homœopathy!" An imagination so capacious as that is insatiable. It raises an unhealthy suspicion as to how so many homœopathic doctors contrive to live and wear good clothes."

HOME FOR THE FRIENDLESS.—In the yearly report of this institution, Dr. W. N. Guernsey says, that during the five months that the Home has been under his charge, there have been two hundred and twenty-five cases of sickness and no deaths.

When we take into consideration that its inmates are little children gathered from the highways and byways of our city, the majority of whose constitutions are poisoned with the diseases usually resultant from dissipation, poverty, and familiarity with crime, it speaks well, not only for the medical care, but for the general management of the institution.

Dr. Leach uses the Carbonate of Lead mixed with Linseed Oil, and applied with a camel's hair brush, to prevent pitting in variola. This is the white lead of the paint shops.

Original Articles.

THE PERILS OF INFANCY.

By Egbert Guernsey, M. D.

In our article on "The Duties of the State in the Prevention of Disease," we referred to the terrible fatality in early childhood, and stated that, of all the deaths recorded as occurring in the United States during the year 1860, nearly one-half of the entire number were under five years, and nearly one-fourth under one year of age. There is no animal life so helpless and whose infancy is so surrounded with perils as that of the child, but this fearful mortality shows either great defects in the rearing of children, or that the stream of human life is fearfully tainted and corrupt. No doubt, much of the fatality arises from the transmission directly of the seeds of disease from the parent to the child. Thus children are born with weak and unhealthy organizations, lacking in vital power and falling victims to the first inroad of disease, because their parents have not lived in accordance with nature's laws, because there was a lack of harmony in their organizations, and because the union may have been one of passion, of impulse, of supposed interest without any thought of the future of their offspring. All this is, of course, beyond our control. The physician is seldom consulted in reference to the health and general physical condition of parties in matrimonial alliances, and in most cases his advice would not be taken if offered, but, after marriage, the physician can make his influence felt, and felt in the right direction. With the first symptoms of pregnancy, he should be consulted, and a general plan marked out as regards diet, exercise, and general habits of life. In this way, the comfort and health of the mother would be infinitely increased, as well as the probabilities of healthy offspring. The young married couple more frequently err through ignorance than from any desire to evade or neglect the new responsibilities of their lives. The great trouble is, they shrink from asking advice, and the physician often forgets he should be the family friend as well as the medical adviser, that it is no less his privilege than his duty to guide the young mother during this all-important period of her life. He should at no time hesitate to proffer his advice, even unasked, if he deems it necessary. The last months of pregnancy especially, the physician should acquaint himself with the daily habits of his future patient, her diet, manner of exercise, and especially of the condition of her kidneys. A few pleasant friendly visits made before the birth of the child may be the means of saving the offspring, or even the mother's life, or, at any rate, of saving the mother that long train of distressing troubles which often follow child-birth, and make life miserable for years. There is too great a tendency in our profession to confine ourselves to the actual presence of disease, which a little care and foresight on our part might often have prevented. There is also, to our shame be it said, too strong a tendency to make a merchandise of our profession, and look upon advice and watchful care only in the light of dollars and cents. With the birth of the child, important questions arise, to be met with promptness and decision. Has the mother a strong or healthy constitution? Can she in safety to herself give the child the necessary nourishment for its growth and health. This question, perhaps, can be decided at once if the physician has a pretty accurate knowledge of the constitution and general health of the mother. Many a mother, by persisting in nursing her child, has given to it her very life, the child growing day by day in flesh and strength, while she has slowly faded away, growing weaker and weaker until the startling truth forces itself upon her friends when she has passed beyond human aid. There is but little danger but what the mother will nurse her child if she can. There are but few so utterly selfish, such devotees of fashion, that their own little one nestling to their bosom will not awaken a love they had never dreamed existed in their breasts. The question to decide is, is she strong enough to nurse the child? Can she do it in safety to both? In the one case may she not give to it her life, and in the other, may it not draw from the maternal bosom the seeds of its own death? If the question is decided in the negative, then the physician will have to contend with the bitter opposition of the mother to a wet nurse. True, children often live and thrive on artificial feeding, but statistics, both in this country and Europe, show that the experiment is a hazardous one. No artificially prepared food, however scientific the combination, can take the place of the breast. In the country, with pure air, and fresh food always at hand, children will often thrive on artificial feeding, while in the city the danger is immensely increased, and in either case the experiment should not be pushed too far.

In some cities foundlings are wet nursed, and in others dry nursed, so that we can get at a very accurate comparison of the two systems. In Lyons, where foundlings are wet nursed almost from birth, the deaths are from 33 to 35 per cent. In Paris, where foundlings are wholly dry nursed, the deaths are from 50 to 80 per cent. In New York, foundlings were, until quite recently, dry nursed, and the mortality was nearly 100 per cent. Now wet nurses are employed for part of the foundlings, with a much more favorable result. It is always well to decide as early as possible whether it will be prudent for the mother to nurse her child. Much of the suffering to the mother, in gathered breasts, in excoriated nipples, in the intense agony which every application to the breast produces, could be saved, and the future trouble to the child, which the experiments with its little stomach in these early days produce, be prevented if the physician had a distinct plan marked out in his own mind, and knew what to do and when to do it.

In the first case, answer the question is there no constitutional impediment to the mother's nursing her infant? Has she the health and strength? Will her milk be sufficient in quantity and quality? The latter point can be often ascertained in the last weeks of gestation by examining the colostrum, which can generally be squeezed from the breasts in sufficient quantity for inspection. Sometimes we shall be able to get scarcely a drop, and this placed under the microscope will be found to contain but few milk globules, and these will be ill formed. We should expect this woman would furnish but little milk, and that of poor quality. In other women,

the colostrum is abundant, but thin and watery. For weeks before the birth of the child it not unfrequently flows so readily from the nipples as to wet the dress, and yet the probabilities are, that however abundant the milk may be, it will lack in nutritive qualities. In spite of the quantity of fluid the child takes into the stomach, it cries, is full of pain, grows thin, and evidently is not nourished. A careful nurse will detect the trouble, and send for the physician. But all nurses are not careful—in fact, many of them know about as much about the wants and management of children as doctors know about finance. Nursing should be a distinct profession, with a careful training for duties second only in importance, and often exceeding those of the physician. First is very apt to come the general routine of catnip and other teas, and when at last the physician is sent for, he is apt to be deceived by the assurance of abundance of milk, and administer drugs when he should give food; the darling child cries for bread, and is put off with worse than stones.

In selecting a wet nurse, a physician with a practical eye can almost always form a sufficiently correct idea without going into the detail of microscopic examination. He can detect with his eye and taste whether the milk is nutritious or watery; by throwing a drop on his finger-nail, if it retains a distinct globular form it shows its good qualities. The litmus paper should not turn red, the tumeric paper should turn a little brown. In the microscopic examination of milk, we find it to consist of a colorless fluid, containing large numbers of minute fat globules. Add a drop of acetic acid, so as to dissolve the coating of the casein, the globules will coalesce. Besides these globules, cells containing much fat may be seen, and also masses of fat similar to those within the cells, but destitute of an envelop. These cells are found much more frequently in the milk (called colostrum) which is secreted for the first few days after parturition.

The reaction of human milk is always alkaline, and that of cow's milk generally so. Free lactic acid always exists in the fresh milk of the carnivora, and sometimes in that of the cow and the goat.

The essential difference between woman's milk and cow's milk is not so much in the difference of milk, sugar and butter they contain, but that the casein of cow's milk when sour curdles into large lumps, irritating the intestinal canal, and often producing severe diarrhœas, while that of the woman's milk always coagulates into small lumps or loose flakes.

The soluble salts of human milk are chloride of sodium, chlorate of potash, and alkaline phosphates, and also potassium and sodium. The insoluble salts are phosphates of lime and magnesia, and traces of the oxide of iron and of fluor.

What shall be the food of the nurse, and is it wise to urge and whip up the secretion of milk with alcoholic stimulants? The food should in all cases be easy of digestion and selected with particular care to its containing those elements of nutrition, in a form easy to assimilate, so essential to the healthy growth of the child. As a general thing, I have but little faith in alcoholic stimulants. At times when the system is exhausted, they are needed to give temporary strength, and in persons who have been accustomed to the daily use of beer it would not be wise to discontinue it, but, as a general thing, when the milk glands will only secrete when whipped up by alcoholic stimulants, another nurse should be found. This plan, long continued, will not only tend to injure the mother but the child.

In artificial feeding, we try and imitate as nearly as possible the mother's milk. Cow's milk contains less water and sugar than human milk, but more butter, casein and salts; water and sugar are added, but I much prefer the sugar of milk to the cane sugar. The milk is less liable to become acid in the stomach. I have frequently found where the casein would form in large curds when the food was sweetened with cane sugar, if sugar of milk was used the digestion seemed to be perfect. The milk of the goat and the ass have been recommended in the place of cow's milk, but chemical analysis and experience show that they have no advantages in quality. The cow shut up in the stall in the city is apt to give acid milk, while the cow grazing in the pasture, and allowed to live mostly in the open air, gives milk that is alkaline. There is no advantage in cities in keeping a cow, as it must be more or less closely confined in a stable. The country milk is much preferable, and thanks to the ingenious process of condensing, it can be kept sweet and pure for a long time. Condensed milk in large cities is undoubtedly preferable to that brought over the roads in its natural state. It is somewhat liable to constipate, but this can be remedied by the addition of sugar of milk. In condensing, out of every four quarts, three quarts of water are taken in such a way as not to injure in the least the nutrition of the milk. Add three quarts of water to each quart of the condensed milk, and you have pure milk as it comes from the cow. Milk for children should always be alkaline, and every nurse should be taught to test it with litmus paper (which should not turn red) before it is used. If it is slightly acid, not enough however to be apparent to the taste, it can easily be rendered alkaline by the addition of lime water or a little soda, but if the acidity is apparent to the taste, it should be at once rejected. Experienced writers have placed great stress upon the danger of overfeeding. Where children are nursing the breast, in my experience, there is far more danger in underfeeding than in overfeeding. A babe of a month or two old should be nursed every two or three hours; six months and over, five or six times in the twenty-four hours. If the child cries from hunger, it is an indication it has not been sufficiently fed. No mother need ever mistake the cry of hunger. It is different from every other cry. If there is not nourishment enough in the breast, and yet what there is secreted is of good quality, help it along with carefully prepared food, lengthening out the intervals between nursing the breast so that when it does take hold it gets a full meal. It is not wise to feed with cow's milk while it is nursing the breast, but barley water, arrow-root, biscotine, farina, corn starch, imperial granum, or any of that class of food can be given. When children are brought up on artificial food, the above rule holds good as to the times of feeding. At first the food should be made half milk and half water. As they get to be five or six months old, I prefer combining barley water with it in the proportion of half barley water to half milk with a little salt, and sweetened with sugar of milk, if loaf sugar is found to disagree; or the milk can be given pure. Oatmeal is a good substitute for barley when the bowels are costive, or the

food can be sweetened with a little white flake manna.

At six months, or even before if the child is weak, give it every day a little beef tea, either alone or in its regular food. It will add vastly to the strength of the child, and render it less likely to fall a victim to summer diarrhœa. Always in directing the food of an infant, take into consideration its constitution as inherited from its parents. When the milk passes the child in large curds, discontinue it for a time, substituting cream or some of the forms of food enumerated above. Dr. Meigs, in his work on diseases of children, recommends a preparation which he thinks agrees with the digestive system better than any other kind of food. He says: "A scruple of gelatine (or a piece two inches square of the flat piece in which it is sold) is soaked for a short time in cold water, and then boiled in a half a pint of water until it dissolves. To this is added, with constant stirring, and just at the termination of the boiling, the milk and the arrow-root, the latter being previously mixed into a paste with a little cold water. After the addition of the milk and arrow-root, and just before the removal from the fire, the cream is poured in and a moderate quantity of loaf sugar added. The proportion of the milk, cream and arrow-root, must depend on the age and digestive powers of the child. For a healthy infant within the month, I usually direct from three to four ounces of milk, half an ounce to an ounce of cream, and a tea-spoonful of arrow-root to half a pint of water. For older children, the quantity of milk and cream should be gradually increased to half or two-thirds milk, and from one to two ounces of cream. I seldom increase the quantity of gelatine or arrow-root." I can add my own testimony to the excellence of this food in delicate infants. In vigorous children, the other forms of food enumerated above are quite sufficient, and are much more easily prepared.

Liebeg recommends a soup for infants which he has studied out chemically, and believes to be the best possible substitute for human milk. Possibly he is correct, if the child could only be induced to take it, or if it could be retained on the stomach, but I have never yet seen a child whose stomach would retain it, even if you could persuade it to swallow the disagreeable mixture. When the preparation was first made known, with the utmost veneration for the great Liebeg, I prepared a quantity of it for the delicate infants in the Home for the Friendless, hoping that science had at last prepared a food so much needed by these little sufferers. Fearful that if intrusted to the cook there might be a failure, I went into the kitchen to superintend the preparation. The mixture was at length completed according to rule, the cook grufly informing me "that if them young uns was such blasted fools as to eat such stuff, they might as well die as live." But very few of them would touch it, and those who did kept me up all night attending to their vomiting and purging. Where milk disagrees with a child, I have found a very excellent food is bread jelly. A quantity of the soft part of a loaf of bread is broken up and boiling water poured on it, when it is allowed to steep until the whole is soft. The water is then strained off and fresh water added. After boiling slowly for a few moments, the water is turned off, and the bread, in cooling, forms a thick jelly. This may be prepared with a little water, sugar and salt, and perhaps a little milk, but this should be left out if the curds are seen in the movements.

I believe by following these simple rules many lives could be saved, and the immense fatality among children reduced at least one-half. Parents err through ignorance. Death comes often with swift and sure footsteps, laughing to scorn the skill of physicians and the watchful and judicious care of parents and friends. Human skill has as yet devised no remedy that can always save these little ones, withering at the touch of Death. The blow is too quick and too sure. It is then we can only bow our heads in humility and feel how powerless we are to save, how much we have to learn. But Death comes often too when his footsteps might be turned aside and the little ones saved. The great fault of our profession is neglect, neglect in little things, in failing to appreciate the watchful care necessary in rearing children, and to check this fearful sacrifice in human life. We grow wild over some grand operation, performed perhaps for once in a lifetime, and spend days in careful investigation of some rare cases, hunting the world over for a remedy, while, at our very thresholds, these little children, with their pale pleading faces turned up to us, are dropping from our sight by hundreds and thousands. And yet we could save them if we were not too busy in looking after what we call the great things of our profession.

We are like Plato, reasoning upon the immortality of the soul and the loftiest truths of philosophy, while within sound of his voice, as its clear accents rung through those classic groves, thousands of his countrywomen were living and dying in a state of the most abject ignorance and squalid misery.

It may be in the above article I have advanced no new thought, made no new suggestion, but old truths when forgotten or neglected will bear repeating and urged with renewed force and strength.

With proper attention to warmth, ventilation and diet, but little medicine will be required. In the diarrhœas of summer, arising as most of them do from atmospheric changes and improperly prepared food, a few drops of brandy or whiskey in water will form an excellent stimulant, and often be all that is required. *Iris* is an admirable remedy in slight gastro-enteric troubles, the nausea, pain in the bowels and diarrhœa rapidly disappearing under its influence. The attention of the physician will also be directed to *mercurius*, *ipecac.*, *arsenicum*, *colocynth*, *chamomilla* and *china*, each having its specific indication. In general nervous irritability or spasmodic pain a little *musk* acts very kindly, while if the head should be much affected, *Belladonna* or *Coffea* may be more indicated. In severe forms of constipation, I have found decided benefit from *Lycopodium* and *Podophyllum* 3d, and in obstinate cases have fed the child with sweet-oil made thick with sugar. In these cases the oil and sugar have not only acted as a laxative, but also as nutrition. In a future article, I hope to speak more at length of the medical treatment of children.

BRAIN DISEASES.—Dr. Charles Elam, of London, says, that in England while the population during the past thirty years has increased thirty per cent., the mortality due to brain disease has multiplied nearly four-fold. In our large cities in this country, the per centage of increase is nearly the same.

CLINICAL CONTRIBUTIONS.

By Dr. Dittrich, of Dresden.

(Translated by W. N. Guernsey, M. D.)

From the month of June, 1865, until May, 1866, there appeared in the place of my former residence and the adjoining district, an epidemic of scarlet fever, which, extending from the north-west to the south-east, developed into such a malignant type, that I knew of cases where healthy children, within three hours, were struck with death. If I do not now express my opinion decidedly upon the character of the disease, as frequently such epidemics are observed, yet I will cite a case which occurred in my own family.

My eldest daughter, then thirteen years old, had, with both of her sisters, safely overcome the scarlet fever. The albuminuria, which, in spite of the greatest care, had set in, had also disappeared; and as she had kept her bed over five weeks, anticipated getting up in a few days. On the day previous to the one to end her confinement to her bed, she complained early in the morning before my departure upon my round of visits, of some pain in the forehead; yet in such a manner that I feared no evil consequences, as the cheerfulness of her disposition as well as her general condition was undisturbed. Four o'clock in the afternoon, I was sought out by a messenger with the sad intelligence that my daughter had been seized with convulsions, and lay at death's door. Having hastened home with the greatest speed, an old allopathic colleague, whom my wife, in her anxiety, had called from the neighboring village, met me, saying that within half an hour my child would be beyond recovery. After my departure, the headache had increased; at one o'clock blindness in both eyes had suddenly set in, and after two, convulsions occurred. The remedies administered by my wife, *Bella.*, *Hyoscyam.*, had had no effect. The aspect of the patient was terrible to me, as the child in the morning so gay and happy, now lay pale and disfigured before me in the most ghastly convulsions. The spasms were principally manifest on the face, the head (which was drawn in every direction), and in the arms. In this terrible position, not even hoping for recovery, I seized upon *Moschus* 1, as different derivations had already been prescribed by my colleague, and gave as much as a grain. It was not long before sleep came, the severe convulsions began to abate, the pulse rallied, the breathing became freer, and in about an hour afterward, my child, which so short time ago lay dying, opened her eyes and asked what had happened to her, that she had slept so softly and quietly. There was no remembrance of the terrible past, a feeling of weariness was only present. The urine, which for many days previously had contained no albumen, showed it again on the next morning, which entirely disappeared under the use of *Arsen.*

The rescue of my child I owe to the *Moschus* alone. Whether it will help in all cases arising from similar causes, I cannot positively say, but according to the provings, we may assume that it is altogether probable.

Mr. S., a merchant, aged 42, was attacked, in consequence of being chilled after a bath, by a severe inflammation of the throat and uvula of a most pronounced form. The uvula was lengthened and thickened to twice its normal size, and the entire extent of the throat, and especially on the right side, was of a dark red color. Upon neither side, however, was there any swelling of the tonsils. *Bella.*, *Apis.*, *Merc. Sol.* had relieved it somewhat, yet as the inflammation, as also the painfulness, was still extreme, I tried therefore for the first time, the remedy recommended by my colleague, Dr. Bolle, viz., the penciling of the inflamed uvula with a solution of *Mercur.* sublimate 1 : 5. The result was very happy, as immediately after the first application an abatement of the swelling and inflammation began; and after its repetition on the following day, all the symptoms disappeared, and the patient felt entirely well. I myself was thoroughly convinced of the efficacy of the remedy from the great rapidity of its action.

As a very effective remedy for the cure of Chorea, I may mention from my own experience, *Stramonium*, by which I have restored old, chronic cases which were merely dragging out their existence under the care of allopathic physicians.

A carpenter's son, aged 12 years, was brought to me from a neighboring town, who was suffering with St. Vitus' dance. He had been treated allopathically nearly half a year, and was so reduced in strength that he had to be fed and carried like a little child. As he was ordered to be sent to Leipzig to use the cold baths and douches there, the parents did not coincide with this treatment, and determined as a last resort to try homœopathy. The whole body was in constant convulsions; with every attempt to speak, the tongue moved to and fro, and only slowly and laboriously could words connectedly be spoken. I gave Stramonium 3, three drops in a little water, morning and evening; and nearly three weeks afterward, all of the symptoms had disappeared, and only lassitude remained; and the unfortunate boy rejoices to-day in the most perfect health.

Another form of convulsions I observed in a maiden of twenty-one years, which I do not class under chorea but rather designate it as erotic, as they generally occurred only when gentlemen were present in the room. She was well formed, a brunette, and of a gentle disposition. She had passed through the ordinary diseases of childhood happily. Occasionally, without any accountable cause, she was attacked with twitching in the arms and feet, which, although they gave the patient unpleasant sensations, were ignored by her relatives, as they were not severe and of seldom occurrence. Moreover, it may be further mentioned, there was no evidence that onanism had ever been practiced. Suddenly, however, after a slight fit of anger, a characteristic picture of the convulsions occurred. After isolated twitchings in the arms and feet, and a stretching and extending of the limbs had taken place, the whole body was, as by an electric shock, thrown upward; and now the most heterogeneous movements of the arms and of the upper portion of the body began. The arms, rigidly thrown out at equal distance, whirled with great rapidity around each other, then were suddenly torn apart and held horizontally, and then clapped together. Now, the whole upper half of the body was bent so far backward that one would think the spine must break, and then, again, forward as far as bending was possible; then fell slowly upon the side, and the hands would be flung out convulsively on both sides, with such force, that everything must be removed to protect them.

If one wished to prevent these motions, she was entreated to desist lest pain in the limbs might set in. These convulsions occurred several times daily, but never at night, and left behind a feeling of lassitude that compelled her to rest on the sofa for a length of time. The feet were more exempt from these convulsions, and on lying down could be kept quiet. An examination of the spinal column revealed nowhere any pain, and all the other organs performed their functions normally. I had already seen many patients in epilepsy and St. Vitus' dance, but such a complicated contortion of the whole body, with possession of full consciousness, I had never observed. The administration of *Cupr. met.*, *Zinc*, *Ignat.*, *Hyoscyam.*, alleviated the attacks and prevented their frequent occurrence, but a radical cure resulted only from *Stramon.* 006, six drops in a cup of water, a tea-spoonful every two hours.

This occurred some fourteen years ago, and the patient has been well ever since, and is the mother of a healthy boy.

Mr. C., a strong, vigorous man, forty-two years old, complained of severe pain in the region of the kidneys.

An examination of this part and of the urine, as also the character and intensity of the pain, permitted me to diagnose the disease as renal colic, due to gravel in the kidney, which was also confirmed, as fine sediment was found in the urine. As there was extreme sensitiveness to the gentlest touch, the patient was given *Bellad.* 3, by which all sensations of pain were alleviated. *Lycopod.* 006 was then given, and calculi were passed which were both round and angular and as large as peas. Under the continued administration of this remedy they were voided at different intervals, and frequently accompanied by severe pain. During the past two years none have been passed, and the patient seems restored to perfect health.

A similar case, and, indeed, the first in my own practice, I saw when assistant to my distinguished teacher, Dr. Haubold. As I do not now know the intimate details of the case, I will only mention the remedy which Dr. Haubold prescribed with very good effect, viz.: *Nux Moschata.* Under the use of this remedy, calculi were continually passed, and the colic cured.

A SUBSTITUTE FOR THE TRACHEOTOMY TUBE.

By John C. Minor, M. D.

In presenting to the profession a new instrument, I believe an apology is due. The profession has already been presented with too many instruments, a large majority of which are practically useless. I am conscious of having perpetrated my full share of these mechanical absurdities, and can only claim the merit of recognizing their inefficiency and refraining from advancing their delusive merits upon my confreres. In the present instance, however, I believe the simplicity and efficiency of the new instrument and its obvious advantages over the one in common use, will commend it at once to those whose practical acquaintance with operations upon the windpipe has made them familiar with the imperfections of the ordinary tracheotomy tube.

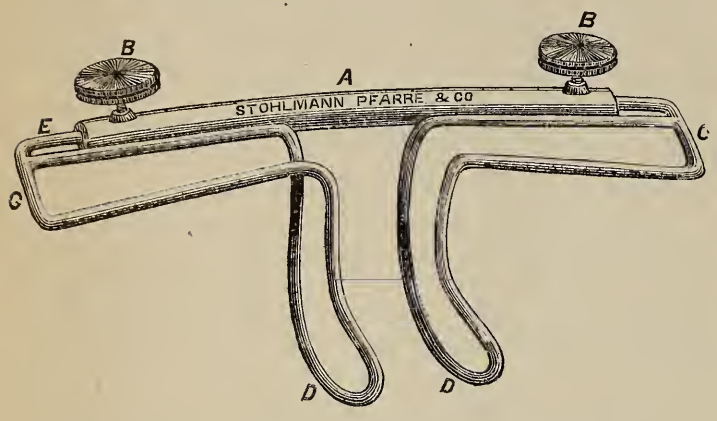
What are the disadvantages of the ordinary tracheotomy tube?

1st. It is difficult to introduce. 2d. It is liable to become obstructed by mucus and shreds of membranous exudation. 3d. It is difficult to clear it of these obstructions, thus rendering death from suffocation depending upon an obstruction of the tube a not unfrequent occurrence. 4th. It prevents the free passage of air through the natural outlets,—the patient must breathe through the tube or not at all. 5th. It hides from view the walls of the trachea or larynx, thus interfering with local applications and with the diagnosis and prognosis of the disease. 6th. It is a complicated and costly instrument, admitting of no modification in shape or size, rendering it necessary for the surgeon to have always at hand several tubes of various dimensions and curves to suit the size and depth of the particular trachea upon which he may be called to operate.

In constructing a new instrument, I have kept the imperfections of the old one steadily in view, and have endeavored to avoid them. Before describing the instrument, a brief consideration of the principles of its construction will not be out of place.

The operation of tracheotomy may be divided into two periods. In the first, we cut down to the trachea and open it. In the second, we hold it open. This applies as well to laryngotomy and laryngo-tracheotomy. It is important to recognize the fact that the tracheotomy tube was devised for the purpose of meeting the second indication, namely, *to hold open a wound in the trachea so that the air can pass in and out of the windpipe through the wound.* This is all that any instrument can accomplish. If it does more than this it does too much; if less, it does too little. When we consider the objections I have already mentioned as existing against the ordinary instrument, it will be seen that, while the tube holds open the wound, by blocking up the superior and natural outlets, and by offering an obstruction to the escape of exuded matters through the artificial opening, it does too much. The fault in the instrument is the fact that it is a *tube.* When the fingers are used to hold a wound open, we use a most perfect instrument for the purpose, provided the wound is a large one. But in such small wounds as those we are now considering, we are compelled to substitute retractors for the fingers. Ordinary blunt hooks, however, will not hold the wound open, because the trachea, being an elastic tube, gives upon traction, so that the blunt hooks are apt to slip out, and will certainly do so if the transverse diameter of the dilated wound equals the diameter of the trachea. The retractors must, therefore, project down into the trachea, beyond the wound, in order to hold their position; in brief, they must have the curve of the tracheotomy tube. Single wires cannot be used for the purpose, because the free extremity is apt to produce irritation or ulceration by pressure on the mucous membrane,—hence the failure of Marshall Hall's instrument. The retractor must have no free points. By bending an ordinary hair-pin at right angles we have an excellent retractor, but it requires for our purpose a peculiar curve of the arm that terminates in the rounded extremity. Having decided, then, that a pair of wire retractors are best adapted to meet the requirements of the operation, it only remains to consider how these shall be made to keep the wound open,—whether the dilation shall be fixed or elastic—by means of screws or a spring. This point is briefly disposed of by the results of experi-

ence, continuous elastic pressure, by means of a spring, having been found to be dangerous to the vitality of the parts pressed upon when used for any thing more than a mere temporary dilitation. We have now considered all the essential features of the new instrument, viz.: a pair of wire retractors, of suitable size and shape, capable of being introduced into the wound closed, and of being expanded to any desired extent after introduction, and fastened apart by screws.



A hollow rod (*A*), slightly curved and having a screw (*B*, *B*) set at each extremity, supports the two wire retractors (*C*, *C*). The retractors are of stout German-silver wire, and are so bent as to present a supporting arm (*E*), which is received into the hollow rod (*A*) and can be fastened there at any point by a turn of the screw. The transverse portions (*C*) of the retractors furnish a point of appliance for the tapes used to secure the instrument in position. The descending or tracheal portion (*D*, *D*) is curved like the ordinary tube.

When this instrument is used, the tracheal arms (*D*, *D*) are first brought close together and fastened so by a turn on the screws. Then they are inserted into the wound and passed down the trachea till the transverse portion (*C*, *C*) arrests their further progress. The screws are now to be loosened—it is better to loosen only one of them—and the wound dilated sufficiently by drawing gently on the retractors. The retractors are to be now fastened and the whole instrument secured by tapes around the neck. But one caution is necessary,—never open the trachea until the hæmorrhage from the previous incisions has ceased.

Each instrument has three pairs of retractors of different sizes, and the material from which they are constructed, while stiff enough to accomplish the object desired without bending, is, at the same time, easily bent with forceps to any curve or angle desired. In operations upon the windpipe for the removal of foreign bodies, this instrument is invaluable. Messrs. Stohlmann, Pfarre & Co. have made this instrument for me from my models, and they inform me that the cost of the new instrument will be about half as much as that of the old one.

I believe that I may claim for this instrument that it is easier to introduce than the old one; that it is less liable to become clogged; that it allows of perfect access to every part above and below the opening; that it is adapted to all cases in which the windpipe is to be opened, for whatever purpose, and while it is thus a more valuable instrument than the ordinary tracheotomy tube, it is at the same time a much less expensive one.

CLINICAL SURGERY.

REMOVAL OF HALF OF THE FRONTAL BONE.—RESECTION OF THE OS CALCIS.—AMPUTATION AT THE KNEE JOINT.—INGROWING TOE-NAILS.—THE TREATMENT OF HIP-DISEASE WITHOUT SPLINTS.

By John C. Minor, M. D.

1. *Removal of Half of the Frontal Bone.*—Nelson Crawford, 4 years old, residing at Harlem, and a patient of Dr. Demarest, was brought to me Dec. 31st, 1870. Three months before, he had fallen from a truck, striking his head upon the curb-stone, and cutting a deep gash over the left orbital prominence down to the bone. The hæmorrhage was excessive, to such a degree that it could only be accounted for by the probability of its origin from one of the veins of the diploë. The bleeding was finally controlled by pressure, and the wound dressed with ordinary adhesive strips. The child was soon able to play about again; but in the course of a week or two, pus began to develop under that portion of the scalp covering the left half of the frontal bone, and discharged in three or four places, forming fistulous sinuses, leading to the bone, which refused to heal. In this condition the patient was brought to Dr. Demarest, who syringed out the fistulæ with a weak solution of carbolic acid, and thus healed some of the openings. The persistence of the discharge from some of the sinuses led the doctor to conclude that there must be some foreign body or a splinter of bone under the integument requiring removal, and he therefore brought the case to me for operation.

On examination, I found three fistulous openings situated near the line of the coronal suture upon the frontal bone. The probe came at once in contact with the frontal bone, which was found to be necrosed. Just underneath the openings, the bone was perfectly smooth; but where the bone was completely covered by integument, and subject to a continuous maceration in pus, it was roughened. I placed the child under chloroform, and with a single incision, three inches long, converted the three openings into one. The bone was now found to be freely movable, but the extent of the incision was not sufficient to allow me to remove the dead mass. My first incision had followed the line of the coronal suture, nearly to its junction with the sagittal suture. Starting from the upper extremity of this cut, I now carried my incision two inches downward parallel with a line projected forward from the sagittal suture. Lifting up the angular flap thus formed, I was able to reach the superior boundaries of the necrosed bone. This was now tilted up on a director, and with the utmost care the whole mass of bone was lifted from its bed and removed. The dura-mater was exposed throughout the entire extent of the huge wound, and the movements of the brain were plainly seen under the membrane. The necrosed mass embraced the entire thickness of the bone, the outer and inner tables; it had the rough, worm-eaten appearance commonly found in necrosis, and measured four inches in length and two inches and a-half in breadth, and constituted nearly half of the frontal bone.

The wound was kept in apposition by silver sutures, allowance being made for the exit of pus at the most

depending part. It healed by second intention, leaving a scar that was hidden by the hair. *New bone was completely formed within eight weeks.*

2. *Resection of the Os Calcis.*—Sophia Heyer, 16 years old, residing at Greenpoint, was placed under my care Oct. 29th, 1870, by Dr. Henry Holt, for the treatment of caries of the os calcis. Fourteen months before, she had sprained her ankle. From this she recovered in a few days, but about two months after the sprain occurred she began to complain of pain in the ankle, and a more serious trouble developed. The parts became rapidly swollen and gave her intense pain. The swelling, which was most prominent just below the external maleolus of the right foot, was freely lanced and evacuated of a large quantity of bloody matter, with marked relief. A fistulous opening remained, however, and from time to time little granular particles of dead bone would be discharged. The pain was no longer acute unless she attempted to use the foot, but the foot was perfectly useless and her general health was rapidly deteriorating. In this condition she was brought to me, a thin, weakly girl, hobbling around on a pair of crutches, with one useless foot, and bearing the marks of suffering and exhaustion upon her countenance.

On examining the foot I found extensive caries of the os calcis, and advised an immediate operation, which was promptly agreed to. Having placed the patient under chloroform, I began my incision at the outer edge of the insertion of the tendo-achillis, carrying it first downward and then along the external and inferior edge of the bone till near its articulation with the cuboid; the incision was then carried upward a short distance above the inferior surface of the bone. During the incision, and subsequent dissection of the flap, the greatest care was used to avoid the peroneal tendons, and I was able to turn up the flap and expose the bone without having divided a single tendon or severing any artery requiring ligature. With the gouge and trephine I now removed the external face of the bone and gouged out its carious contents. In order to do this effectually, I left nothing but a mere shell of bone in the wound, and part, even, of that was diseased. Having made a counter opening through the internal face of the bone, I filled the cavity with oakum, approximated the edges of the wound loosely with silver wire, and put on a light dressing of tepid water. The after-treatment was of the simplest description.

Three months afterward, the girl again presented herself to me, walking without crutches, improved in appearance, and gaining daily in health and in the use of the foot. New bone had formed, and there was not the slightest shortening or deformity. The process of restoration was not fully complete, for the external fistula still remained open, but the case was evidently approaching a perfect cure with great rapidity.

Although this case was operated upon without hesitation, the plan of the operation, and, I believe, the excellent termination as well, was the result of a very close observance and study of the various methods of operation in similar cases. I have performed the operation of removing the os calcis entire in two instances, and have witnessed the operation by other surgeons six or seven times. I have at hand, also, most of the recorded cases of the French and English surgeons. On this basis I have made up my mind that a complete extirpation of the os calcis is a bad operation, so far as results go, and that the modification which I adopted in the case recorded above, is in every way better. What are the requirements of an operation in an ordinary case of caries of the os calcis? To remove the dead bone in such a way as to preserve the periosteum, and thus allow of the reproduction of new bone, and at the same time to preserve unimpaired the insertion and continuity of the tendons. In my experience, it is impossible to strip the periosteum from the bone when operating from the outside of the bone, except to leave it in such a torn and ragged state as to destroy entirely all chances of osseous reproduction. The irregular and rough surfaces of the bone make this difficulty sufficiently obvious. Therefore, following the example of Sedillot, I would approach the periosteum from the inside of the bone, scooping the bone out, and I would do it because I believe that *it is best to operate on the diseased side of periosteum; the other side contains our sole dependence for nutrition and reproduction, and must be interfered with as little as possible.* The advantage of preserving the tendo-achillis undivided and leaving it attached to diseased bone until the diseased is replaced by healthy structure, the immunity of other tendons and important parts from injury, and finally the good result obtained, appeal strongly in favor of a general adoption of the method I have described in the operative treatment of these cases. I claim no merit of originality in this operation; it is certainly not a brilliant one to witness, but in its results I believe it will surpass any of the ordinary methods.

3. *Amputation at the Knee Joint.*—Auguste H—, a German boy 12 years old, had injured his leg slightly by a fall six months previously. Periostitis was rapidly followed by necrosis of the tibia, and when he was brought to me, the whole shaft of the bone was dead, the head of the bone was diseased, and the fibula was also invaded by the necrosis for about one-third of its extent. The anterior surface of the tibia was exposed to the extent of about six inches. I amputated at the knee joint, making a long anterior and a short posterior flap, removing the patella. The case did well eventually, but had a narrow shave for it from erysipelas, due, as I believe, to contagion from occupying a bed that had formerly been used in a puerperal case. *Cantharides* was of the most service in controlling the erysipelatous trouble. Another difficulty, a very common one after amputations, was the spasmodic twitching or jumping of the muscles. Sometimes *Nux-Vomica* controls this very painful symptom, but usually I find that by putting a wide strip of adhesive plaster on each side of the limb, and uniting them below, so that extension can be made by a weight and pulley, a gentle and continuous traction on the muscles quiets the irritability. This operation was performed at the Hospital for Women, Nov., 1871.

4. *Ingrowing Toe-Nail.*—I have rarely had occasion of late to operate in these cases. The treatment I adopt is so simple and effectual that I can recommend it confidently in all cases of this distressing affection. My treatment is to apply *Collodion* to the under surface of the toe. The collodion should not be mixed with anything to make it flexible, for the virtue of the application depends on the contractile power of the collodion, which is impaired by any admixture. The application should be made to the under surface, and may extend part way up the sides of the toe. It immediately con-

tracts, and the toe loses at once its blue congested appearance. The contraction draws the flesh gradually away from the edges of the nail, and at the same time exerts a beneficial action by mere compression. I apply the collodion once or twice a day, two or three coatings each time. I have cured in two weeks, by this method, a case of ten months' standing, in which the sides of the nail had been removed, and treatment by caustics had been tried, without effect, by other surgeons. This is not, of course, always a permanent cure, but if any tendency to a return of the trouble occurs, a prompt application of collodion, as directed, will generally stop it. It is rapid, painless and effectual. With reference to operations in these cases, I never extract the nail, nor do I follow any of the methods which make the nail the basis of operation. It is in every way better to shave off a sufficient quantity of the soft tissues at the side of the nail, so that after the wound has healed and contracted there is nothing left for the nail to grow into. This method is less painful, equally rapid, and more certain than any other operation.

5. *The Treatment of Hip-Disease without Splints.*—For three years past I have been treating all my cases of hip-disease without splints, and my experience has convinced me that my treatment is safer, less expensive, and gives better results than that in general use. I keep up extension all the time, at night by the ordinary weight and pulley, and during the day by a very simple contrivance, which I will presently describe. The patient is never confined to bed, except when the formation of an abscess, or the accession of constitutional symptoms of a severe type, or the aggravation of the local symptoms by motion, render such confinement necessary for a time. Contrary to the general weight of testimony on the subject, I open the abscesses as soon as they are fully developed, and whether it is the Silicea, the Calcarea, Colocynth, or other homœopathic remedies that I administer according to the indications, or whether it is the fact that this practice is based on sound pathology, I can only remark that I have never seen any bad results depending upon the evacuation of the abscess. There is generally a hectic fever both before and after the abscess is opened, and it may increase in severity for a few days, but the properly selected homœopathic remedy will always check and stop it—*China*, *Arsenicum*, *Pulsatilla* and *Ipecac.*, are among the remedies that may be needed for this condition.

It is impossible to individualize medicines for particular conditions. Each case is a study by itself. The symptoms are the surest guide to the proper remedy, and often enough I have been surprised to find the study of these symptoms leading me to the selection of some remedy which would never have occurred to my mind from a consideration of the pathological condition alone. Thus, I had recently one little patient who presented the following symptoms: Hectic fever followed by cold perspiration on the back, and headache especially in the occiput; excessive thirst; nausea; diarrhœa, with much prostration; flexion of the leg upon the thigh, with painful cramps in the calves of the legs at night. *Secale cornutum* was the remedy, and it removed all these symptoms in less than two days.

The method which I use for keeping up extension during the day, is to attach a wedge-shaped piece of lead to the sole of the shoe of the affected limb, and on the shoe of the sound limb I put a cork sole of two inches or more, so that when the patient stands on the sound leg the loaded foot of the affected side swings clear of the ground. Two crutches must, of course, be used for locomotion. Thus a continual extension is kept up when the patient is out of doors. A reclining chair or lounge, fitted with weight and pully, is used when the patient is not walking. The weight is made wedge-shaped, so that the strain comes directly under the heel. From two to five pounds may be used in this way without inconvenience, but if there is too much strain upon the ankle or knee joints, a strip of English (moleskin) adhesive plaster may be placed on each side of the limb, commencing three inches above the knee joint, extending down near to the ankle joint, and attached to the shoe on each side by a strap and buckle. Thus the whole weight tells directly upon the diseased part. The advantages of this method are very plain. The apparatus cannot slip out of place. There is no counter extension, and consequently the perineum is not excoriated by the pressure of straps and pads. There is no pressure in the neighborhood of the joint, as in all the popular mechanical contrivances. Motion in all the joints is permitted, and, above all, the patient is able to be out of doors with more comfort than under any other treatment. Moreover, the exact amount of extending power is always known and is always operative.

UTERINE POLYPUS REMOVED FROM A CHILD EIGHT YEARS OF AGE.

By A. K. Gardner, M. D.

I was lately called in consultation by Dr. Warner, of East Nineteenth Street, to see a child of Mr. M—, aged eight years, robust and of general healthy appearance. She had been the objeet of no little solicitude by reason of a long-continued vaginal discharge, reported to have originated as a simple leucorrhœa, such as is not unfrequently seen in young and strumous children. In its incipiency, it was white and simple, then gradually becoming more and more yellow, thick, somewhat offensive, and, finally, accompanied by frequent hemorrhages, and to such an extent as to cause some little anæmic appearance, with debility.

Examination showed the vagina—which admitted a little finger—full of some foreign growth. Without delay she was put under the influence of chloroform, this body easily recognized as a polypoid formation, seized with a polypus forceps, drawn down, twisted and removed. It was carefully examined by Dr. J. W. Bowden, who writes as follows: "The tumor is fibro-cellular in its character, the cells contain a yellowish serous fluid and a few flocculi; these cysts are small, but uniform in size, and resemble somewhat the appearance of hydatids in their grouping. The mass has been completely removed, so far as I am able to judge, and I should say was of the benign form of uterine polypi."

The tumor was not weighed, but was in size and general appearance, shape, &c., that of an ordinary ovary.

The interest in this case is mainly its occurrence in a child so young. It evidently originated within

the uterus, for I have since been informed by Mrs. Dr. Lozier that the child was brought to her some time previous, and examination showed no polypus perceptible, and this lady is too skillful a gynecologist to have overlooked it if present.

The case is, however, interesting to the practitioner who frequently is called upon to prescribe for the leucorrhœa of infants and children of all ages, which occur as sequelæ of measles, scarlatina and other like diseases, and is developed from the presence of ascarides migrated from the adjacent rectum, from the presence of foreign bodies, beads, toys, &c., placed in the vagina from the same spirit which as frequently thrust them into the ear, nose, &c.; also from the infection from gonorrhœal and other like complaints acquired from their impure nurses and bed-fellows.

These causes show the propriety of giving more careful attention to these cases of children and infants' leucorrhœa than is generally bestowed upon them. We do not often find germinating beans or polypi, but we do find them, or the like, often enough to demand a personal scrutiny as to the cause of such discharges. In some cases, even in the families of the wealthy, where the mothers visit the opera oftener than the nursery, simple water may be advantageously recommended, even if we complicate the case by a recipe like the following: ℞ Saponis Hyspan ʒ 1, Alcohol Pur. ʒ ¼, Ess. Jasmin q s. Wash the part with a dessert-spoonful in a tumbler of water, every morning and night.

CLINICAL LARYNGOSCOPY.

By E. J. Whitney, M. D.,

Laryngoscopist to the Brooklyn Homœopathic Dispensary and Physician to the Brooklyn Hospital.

Case 1.—*Follicular Pharyngitis.*

Feb. 28. Patrick G., æt. 16, complains of hoarseness in the early morning, and pain in swallowing; constant feeling of chyme in the throat, pharynx congested, and studded with enlarged follicles. These were each touched with Argent-nit. and Silicea 30 prescribed.

March 3. Patient reports great relief. Continued remedy.

March 7. Very much improved. Continued remedy.

March 12. Pharynx clean and smooth. *Cured.*

Case 2. *Sub acute Laryngitis.*

Feb. 24. Eliza R., æt. 21, applied for relief at the Dispensary. Larynx and chordæ vocales congested, and voice aphonic. Sensation of soreness in the larynx, and weariness from speaking. Causticum 6.

Feb. 27. Somewhat better. Applied within the larynx, solution of Ferri per Chloridi, and continued remedy.

Feb. 28. Much improved. Cont.

March 3. Voice entirely restored, and congestion gone. Discharged.

Case 3. *Congestion Vocal Chords.*

Feb. 13. David R., æt. 21. Both vocal chords bright red in color. Meeting anteriorly, they gradually diverge toward their posterior attachments, producing aphonia. Belladonna 1.

Feb. 14. No improvement. Gave inhalation of Ferri per Chloridi, and prescribed Mur. Protoid 1.

Feb. 17. Much better. Caust. 3.

Feb. 18. Vocal chords quite white, and aphonia gone. Discharged.

Case 4. *Ulcerated Tonsils and Chronic Pharyngitis.*

Feb. 13. James D., æt. 21. Both tonsils present flat ulcerated surfaces, and are slightly enlarged. Mer Solub. 3.

Feb. 27. Patient so much improved that he considers himself well. Mer. Solub. 30.

Case. 5. *Dysphagia.*

Dec. 2, 1872. Thomas F., æt. 56. Patient complained of great difficulty in swallowing, and always pain. This condition has existed for nine months. Patient states he prefers fasting rather than eating, so great is the pain in swallowing, and with such difficulty is the act accomplished. Can swallow fluids more easily than solids. Great pharyngeal irritability and general congestion of the fauces and larynx. Nux-Vomica 2.

Dec. 6. Patient joyfully pronounces himself cured. Can now swallow easily and without any pain, and eats heartily and with relish. *Cured.*

Case 6. *Naso Pharyngeal Catarrh. Tertiary Syphilis.*

Jan. 13, 1873. Mark McY., æt. 28. Has considerable pharyngeal inflammation and follicular enlargement.

Feb. 3. Patient has a syphilitic history. Contracted it primarily about 10 years ago. Since then he has had swelling of the mucous membrane of the roof of the mouth, and upon pressure, pus exudes from the gum covering the upper incisors. Teeth are loose. Complains of some supraorbital pain. Acid, Nitric, 1.

Feb. 7. Pain on the orbit very severe and mouth and throat very sore. The pain also shoots down the cheek and through the upper teeth. Phos. 3.

Feb. 10. Pain not so severe. Teeth still loose. Kali Iodide 1.10.

Feb. 17. Much improved. Pain gone.

100 *Lafayette Avenue.*

Atropine as a Means of Diagnosis Between Life and Death.—Thomas Warden, M. D., of the British Navy, in a communication to the London *Lancet*, of May 3d, suggests the action of Atropine in dilating the pupil as a test in these cases. If used to a person asleep or in a trance the pupils would dilate, but in a case of actual death no such phenomena would occur.

Chinese Use of Shad in Phthisis.—Physicians of the "Flowery Land" assert that shad, particularly shad oil, is of much efficacy in consumptive diseases. The fish seems identical with the *clupea* of the American coast. In Shanghai it is known as *sz'-ng*, *shi-yü*, or periodical fish; enters the Yangtze and adjacent waters in May, and for about sixteen weeks is in season. The earlier in the season it is caught the higher prices it commands. The principal officials have the first claim for it, and it is an article of tribute to the Emperor. In all diseases in which Cod-liver oil is used, it is equally efficacious; its alterative and stimulant properties being closely analogous to those enumerated as composing the officinal *oleum morrhuæ*.

Correspondence.

A LETTER FROM JOHN CRANNELL,

CONCERNING BOSTON.

EVERY good Christian should go to Boston just before he dies, so that the transition from earth to heaven may not be too sudden. In view of the recent action of the Massachusetts Medical Society in expelling some of its members for indulging in "unbecoming and dishonorable conduct, in practising homœopathy," it will not be necessary for "regular" physicians to go any farther than Boston on their road to glory, until they have more definite information relative to the professional standing of homœopaths in the celestial sphere. The full report of the proceedings of the Medical Society with reference to the obnoxious physicians, has not been made public—and will not be. But I select one of the unpublished speeches and give it to the readers of the MEDICAL UNION, on condition that they keep it quiet. For obvious reasons, I do not give the speaker's name—it is sufficient to know that he was a member from the suburbs.

JOHN CRANNELL.

"I'm dead sot in favor of expellin' them homerpathies. When critters is so base as to impress the poppylar mind with idees that run dead agin the intrusts of the reglar profession, I calkerlate it's 'bout time to put a stopper on 'em. [*Loud cheers.*]

"'Tain't comfortin' to hear folks asayin' that too much medicine is wus'n too little. It's money out of pocket to foster that ijee, an' it riles me when I see one of them homerpathies agoin' round with his little pills instillin' sich nonsense into the public ear. [*Applause.*]

"I hain't no prejudyce as a gineral thing, but I've had hard times sence a homerpathy doctor come to our nebberhood—things was lovely before that time. But arter he come, it happened that Deacon Smith's young man was took with a sick spell. Wal, I cleaned him out fust one way and then t'other. I sweated him an' salivated him, but somehow 'twarn't no use. He took sicker an' sicker, an' bime-by I ses to the Deacon, 'your boy won't get much better, I reck'n, seein' as how he's got the sorosis on his liver an' peers like he mought peg out enny minit. I'll jes' step over an' tell the parson to drop in—an' you'll find Mr. Berryem the most reasonable undertaker.' Waal, the Deacon said as how he'd try the homerpathy doctor fust, though I told him 'twas most as bad as murder to trifle so with human life. He wouldn't argy the pint with me, but like an onreasonable cuss, he said he'd try the new doctor fust, an' blackguard him arterwards, if necessary. That boy was out agin in two weeks, as peert an' chirk as ever. That's only one case, an' I s'pose I might tell you a dozen or more. [*Groans.*]

"What I complain agin, isn't the cure, for I don't rejyce in funerals (though I do git commissions from Berryem), but the sassy way folks talk about its bein' the little pills what does the business—that's what riles me. There's no medicine in 'em, or at any rate not 'nuff to make a man sick; and if medicine won't make a man sick, I'd like to know how it's agoin' to make him well. I've told folks there wasn't no medicine in them pills, an' I've warned 'em agin atakin' of 'em on account of their bein' filled with pizen. I've did my dooty in directin' the inquirin' an' ingenious minds of my nebbers towards the eddication, pussenal charackter an' ancestors of the homerpathy doctor, but somehow it don't work. They want to know how it is that if there's no medicine in the pills, Natur' seems to do so much more for the homerpathy doctor than she does for me, an' how it is, if there's pizen in the pills, that a marciful Providence peers to keep 'em from killin'. The papers is down on us because we intend to put a stop to sich a dishonorable practice; but we must perform our dooty fearlussly, for our intrusts an' our dooty is one an' inseperable—every time. [*Tumultuous applause.*] Folks is talkin' about our imitatin' the dispersition of our ancestors, who burned all the humly old wimmin for bein' witches, sperrit mejums, and sich. I don't see the use of rakin' up them old stories, but I du believe that if homerpathy had bin aflourishin' 'bout those times, an' we'd a bin there too, there *mought* a bin some medical sizzlin goin' on, an' some of them cusses would 've bin combusted. I go for puttin' 'em out, an' I want to carry back to my nebbers the dockerments to show that the homerpathy doctor is a dishonorable cuss *because* he's a homerpathy." [*Prolonged cheers and enthusiastic applause.*]

TIC-DOULOUREUX TREATED BY LOCAL APPLICATION OF ICE.—Dr. Winternitz, according to the *Centralblatt, f. d. Med. Wissenschaften*, No. 30, 1872, states that, at the advice of a colleague, he treated, by the local application of ice, an obstinate case, in a female, of neuralgia of the right side of the face, which had resisted all the various remedies that had been perseveringly employed. A piece of flat, smooth ice was applied to the entire painful side of the face, for five minutes at a time, at first at short intervals, gradually prolonged. The painfulness of this procedure may be lessened by the patient holding in the mouth a portion of some alcoholic fluid, which causes a glowing sensation in the cheek. After twelve hours the pain in the lady's face had disappeared, and had not returned during the ten months which had elapsed at the date of Dr. W's report.—*Mittheilungen des Aerztlichen Vereins Wien.*

RE-MENSTRUATION BY THE BREASTS AT ADVANCED AGE.—Dr. Tueffard relates (*Union Med.*) the case of a lady, aged 56, in whom the menstruation had ceased at the age of 50, without any disturbance of the health ensuing. Four years since she had a superficial ulceration of the os-uteri which soon yielded to treatment. In November, 1871, the breasts became large and firm, with projecting nipples, whence a fluid—at first serous and then of a bloody color—was discharged. This discharge continued for eight days, when it gradually ceased, to reappear again in a month, accompanied with cephalalgia, loss of appetite, and swelling of the breasts. Down to the present time, it has continued to reappear every month with an almost exact regularity, the patient being aware of its approach almost as surely as a young woman is of that of her menses. During the intervals the breasts became again flaccid. There is no uterine disease, and in other respects her health is quite good.

The Medical Union Clinic.

Lines of Incision for Rapid Amputations.—In Dr. F. H. Hamilton's excellent work, *The Principles and Practice of Surgery*, we find the following:

"AMPUTATION OF THE LEG IN CONTINUITY.—In the lower third of the leg the circular amputation ought, in general, to have the preference. In making this operation, whether through the leg or thigh, I have of late practiced the following method:

"The knife, instead of making the complete circuit of the limb in a line at a right angle to its axis, is carried upwards upon the posterior aspect through a short curve of one, two, or more inches; the opposite extremity of the circular incision terminating in the same manner, and at the same point. The advantages of this method are, the greater care with which the skin is rolled back, rendering the operation admirable even in those portions of the limb which are conical, and the free opening which is left in the most depending part of the stump for the passage of the ligatures and the evacuation of blood and pus. The integuments being brought together also from side to side, a fold is formed anteriorly which obviates, in a great measure, the danger of a protrusion of the spine of the tibia."

To this plan I beg leave to make a very slight, but, which every operator will find, very decided improvement:

During my connection with the C. L. Army, the necessity in which I often found myself of performing rapid amputations under the enemy's fires, made me adopt a line of incision much like the above, but which I consider far preferable inasmuch as it combines all the advantages claimed by Prof. Hamilton's plan, with a greater facility of execution.

My method consists in the primitive circular line of incision to which a two-inch incision is added at right angles, precisely in the same place where Dr. Hamilton places his curves. A. VARONA.

Asphyxia in Breech Presentation.—Mary E. Ellis, aged 21; primipara. Admitted to the Brooklyn Homœopathic Maternitié March 19th, 1873.

On the 27th of the same month, while going down the steps in the rear of the house, the patient fell and struck on the small of the back, which caused much pain in sacral region and left side.

These pains continued until Sunday evening, March 30th (9.30 P. M.), when she experienced a few smart pains, followed by rupture of membranes.

On examination found the breech presenting in first position.

During an efficient pain at 3.10 A. M. the podalic extremity of the child swept over the perineum, and immediately all expulsive efforts ceased.

Perceiving the danger to the child of asphyxia, I immediately went in search of the shoulder, which I reached after making slight traction, delivering the left, then the right arm; and, without losing any time, delivered the head of the child by flexing the body on the abdomen of the mother, and with my right index finger inserted into the mouth of the child; the nurse, during this time, keeping her hand on the uterus and making pressure upon it. I delivered the head by flexion.

Although the child was promptly delivered it was asphyxiated, with the funis encircling the neck three times.

The child was resuscitated after eight or ten minutes. The mother made a good recovery and the child is doing well. J. F. OAKS, M. D.

Ligature of the Femoral Artery—Secondary Hæmorrhage—A Loose Ligature Arrests the Flow—Recovery.—On the 13th of March, Mr. T. Pulido was brought into my ward with a punctured wound in the middle third of the left thigh which penetrated the femoral artery. I cut upon the wound and applied two ligatures, one on each side of the puncture.

On the following day, March 14th, at 8 P. M., secondary hæmorrhage occurred, and, in spite of all the efforts made to control it, continued, with short intermissions, for twelve hours. March 15th, at 8 A. M., I exposed the vessel anew, and finding that it was pulsating with unusual violence against the cardiac ligature, I passed a thread around it and tied it *loosely* two inches above the said cardiac ligature, in such a manner as to diminish the force of the current without completely obliterating it. In a few minutes all bleeding ceased.

March 23d, the distal ligature came off. March 25th, the cardiac ligature followed. March 30th, the loose ligature came away. April 7th, the patient left the Hospital in perfect health. A. VARONA.

Phlegmasia Alba Dolens.—On the 12th of December, 1872, I was called to see Mrs. J., aged 35, who, twenty-four hours previously, had given birth to her fifth child. Hitherto she had always enjoyed excellent health, and her children were all hearty and well.

She complained of intense pain in the right leg, which was immensely swollen from the thigh downward. The child was puny, and as the mother was unable to nurse it, as there was no appearance of any secretion of milk in the mammæ, it survived only forty-eight hours.

The nurse had endeavored to draw milk from the breast with the breast-pump, according to my directions, but as her efforts were fruitless I abandoned all further attempts. The patient suffered from high fever and occasional chills, and I prescribed *Aconite* and *Arsenicum*, and ordered the limb to be covered with compresses wet with a solution of *Hamamelis*.

Dec. 13th.—Pulse more regular and fever less intense. The limb swollen considerably larger and more painful. Prescribed *Aurum Muriaticum*, and *Carbolic Acid* dressings to be substituted for the *Hamamelis*.

Dec. 14th.—Slept two hours during the night and feels much better. The Carbolic Acid had given her great relief.

I continued the same treatment and ordered beef-tea to be given freely and milk punch occasionally. During the second week a series of small abscesses formed along the entire length of the limb. She made a speedy recovery, and within a month could partially bear her weight upon the affected limb.

The left limb is more frequently attacked than the right one. This has been variously explained; some authors attribute it to the position maintained by the body during labor, and others to be dependent upon the amount of the hemorrhage. It may be possible that the different anatomical distribution

of the spermatic veins may account for the greater frequency of the affection on the left side, as the left vein is less direct than the right in its course to the vena cava.

HAMILTON RICKABY, M. D.

A Remarkable Case of Enlargement of the Cervix Uteri during Pregnancy.—Mrs. —— was the mother of one child now four years old. She became pregnant a second time, when immediately the cervix uteri began to enlarge. Each month it increased both in length and thickness, except at its junction with the womb. During the fourth month she aborted, but within three months she was *enciente* again for the third time. This peculiar condition of the cervix again appeared and continued increasing each month, to the full term of pregnancy. At this time the cervix was about six or seven inches in length, and three inches in diameter at its lower extremity. At its uterine junction it was no larger than in the normal condition, thus giving a pear-shaped or pedunculated appearance to the mass. The finger could be passed with ease through the canal, which was directly through the centre, till it touched the head of the child through the membranes. During the day, while standing, this immense cervix protruded through the vulva and hung out about three inches—so far, that on first seeing it I at once supposed it to be a case of procedentia uteri of the third degree. On lying down at night it would diminish in size and disappear within the vagina.

When at its full size it presented all the appearance of the ordinary cervix, except that it was magnified in its proportions and seemed to be hypertrophied in all its structures. It was more yielding in its texture than the normal cervix; pressure upon it appearing to diminish its size somewhat, and suggesting, from the spongy feel, an engorged or varicose condition.

As soon as labor began, this immense cervix rapidly diminished in size till it was entirely obliterated by the advancing head of the child; and after the labor was terminated the cervix was found to be perfectly normal in all respects, and has remained so ever since.

J. ROBIE WOOD, M. D.

EFFECT OF VEGETABLE PERFUMES ON HEALTH.—An Italian professor has made some agreeable medical researches, resulting in the discovery that vegetable perfumes exercise a positively healthful influence in the atmosphere, converting its oxygen into ozone, and thus increasing its oxydizing influence. The essences found to develop the largest quantity of ozone are those of cherry, laurel, cloves, lavender, mint, juniper, lemons, fennel and bergamot; those that give it in smaller quantity are anise, nutmeg and thyme. The flowers of the narcissus, hyacinth, mignonette, heliotrope and lily of the valley, develop ozone in closed vessels. Flowers destitute of perfume do not develop it, and those which have but slight perfume develop it in small quantities. Reasoning from these facts, he says, the inhabitants of marshy districts should surround their houses with beds of the most odorous flowers, on account of the powerful oxydizing influence of ozone developed by them.

OVARIOTOMY FOLLOWED BY TWIN PREGNANCY.—Dr. Ollier, of Orleans, relates a remarkable case of a woman, who had been four times pregnant, three times tapped for ovarian dropsy, and afterwards subjected to ovariotomy; the tumor had no adhesions. Three months after the operation, this woman became pregnant, and at full term was delivered of fine twins.

TREATMENT OF PROLAPSUS UTERI WITHOUT MECHANICAL AGENCY.—Dr. Andreaf recommends, as having been successful in several cases of prolapsus uteri, the local application of a tincture of iodine. He was induced to try this method by observing that in certain cases iodine, locally applied, had an effect upon the ligaments of the uterus, causing them to pass from a relaxed into a normally firm state. His directions for carrying out the treatment are chiefly the following: Before beginning the treatment, all other diseases of the uterus should, as far as possible, be removed, because the iodine, acting for instance on ulcerated surfaces, is apt to induce serious inflammation. Previous to the operation, the uterus should be replaced, and the patient should continuously retain the horizontal position till after at least two applications. At first only a small quantity, and a dilute solution, made of equal parts of the tincture and alcohol, should be used, and the dose and strength should be gradually increased on successive applications. The solution should be painted on to the arch of the vagina, around the neck of the uterus, and not less than three days should elapse between the successive operations. During the period of treatment, the cold vaginal douche (70° F.) should be used several times daily, and continued for some time after the local application has ceased. The bowels should be kept free throughout the period of treatment.

THE PLACENTA IN GASTROTOMY.—An interesting discussion, on the proper management of the placenta in cases in which gastrotomy is performed in extra-uterine fœtation, recently took place at the Obstetrical Society. Dr. Meadows narrated a case of gastrotomy for extra-uterine fœtation. An attempt was made to remove the placenta; this was followed by an uncontrollable hemorrhage which ultimately proved fatal. Dr. Meadows laid it down as a rule in all future operations of this kind, that the placenta should be left untouched, to come away with the discharge. In the discussion which followed, Dr. Barnes stated that Dr. Meadows was mistaken in supposing that this suggestion was new, and in a subsequent note he went into the literature of the subject. He stated that

1. A perusal and comparison of recorded cases of gastrotomy in extra-uterine gestation could not fail to convince the reader that the attempt to remove the placenta had proved disastrous, while leaving it alone had been followed by fair success.

2. Most of the recent operators, acting on the conclusion thus drawn, had taken care not to touch the placenta. The latter statement is fully borne out by the recorded cases which Dr. Barnes had collected; and it may be considered as an established fact that in primary gastrotomy, in which the operation is performed in the hope of saving the fœtus, the placenta is bound down to the parts to which it is attached, by such intimate and firm adhesions, that no attempt at its removal is justifiable.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*" Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

ALLOPATHY VS. HOMŒOPATHY.

THE Board of Trial of the Massachusetts Medical Society which recently tried certain members of the society for practicing homœopathy, on the ground that such practice violates their right to membership, have just rendered a decision. Here it is:

"The parties having been fully heard, and evidence and arguments on each side fully considered, we do find and determine that said charges and specifications are all fully proved against each of the said accused persons, and they are severally guilty of the charges aforesaid—guilty of conduct unbecoming and unworthy an honorable physician by practicing homœopathy—and we, therefore, adjudge and determine that said William Bushnell, Milton Fuller, H. L. H. Hoffendahl, George Russell, J. T. Talbot, Davis Thayer, Benjamin A. West, be therefore expelled from their membership of the Massachusetts Medical Society, and report this our determination to the Massachusetts Medical Society at its annual meeting for such action thereupon as to the society may seem fit.

"Jeremiah Spofford, Augustus Torrey, George Hayward, Frederick Winsom, a majority of the Board of Trial."

We can only say, if Allopathy can stand this sort of thing we think Homœopathy can, and this seems to be the opinion of the *New York Evening Post*, which we append below:

"Among our Saturday dispatches was one from Boston containing the decision of a Board of Trial of the Massachusetts Medical Society in the case of several physicians who were charged with having violated their right of membership. The Board recommend the summary expulsion of seven members for 'conduct unbecoming and unworthy an honorable physician, by practicing homœopathy.' We do not know what the rules of the Massachusetts Medical Society are—and that is of little consequence to the question which this decision seems to open. If the Society's constitution excludes homœopathists, that is its own affair only, and we cannot complain if it enforces its rules.

"But the question, What constitutes a worthy or an honorable physician? does concern the public, who will be apt to ask by what rule the Board of Trial of this society assume to dictate the manner in which diseases may be 'honorably' treated. If this judgment is to be law in medicine, why may not the lines be drawn still straighter, demanding a return to the old practice of emetics and starvation? Why not banish cold water, air, and exercise for patients? May we also suggest that it would be well to have a standard measure for doses of medicine, for fear that tender-hearted doctors may treat their patients too homœopathically even in allopathic medicines? While we are about it, let us fix the standard of 'honorable' orthodoxy in dress so acutely that no wretch of a physician who has a mind or a theory of his own can endanger the profession for the sake of his patient. Let us establish the fact beyond doubt that a man who may be cured by an heretical or 'dishonorable' treatment is not cured, although he may live to the age of Methuselah, and that the man who dies under the schedule treatment, by weight and measure, still lives in spite of natural appearances."

The above, together with the following, from an editorial in the *New York Daily Times*, show the opinions of leading public journals, and pretty accurately represent public sentiment in reference to this august Boston tribunal and its star-chamber proceedings:

"We have, of course, no opinion to offer in regard to the merits of homœopathy, or of that school of medicine which its adherents say is not all allopathy, but which is certainly not homœopathy. That is a matter for every physician, and every person needing a physician, to settle for himself. But the manner in which the case to which we have referred has so far been conducted, calls for comment on account of the singular narrow-mindedness and bold injustice by which it has been marked. Considering that the prosecutors and judges belong to one of the most highly educated and honorable bodies of professional men, and considering, moreover, that they were engaged in trying the very delicate question of the fitness of certain of their professional comrades to associate with them, it would be natural to expect that their proceedings would have been direct, open, and scrupulously guarded against any trespass upon the rights of the accused.

"Instead of this, we find the Board of Trial beginning the final hearing with closed doors, refusing to allow friends of the accused to be present, refusing to admit the reporters of the press, refusing legal counsel in a case which involved rights both of character and reputation, refusing to choose a phonographic reporter after the record of the Secretary was impeached, refusing to allow the accused a reporter, refusing a premptory challenge of the members of the Board of Trial, and finally, refusing to hear any challenge for cause. It does not seem to have occurred to the physicians who constituted the Board, that such conduct on their part would deprive their verdict of all respect from intelligent persons in or out of their society, and, when known, as it was inevitable that it must be known, would awaken the liveliest public sympathy with the medi-

cal 'heretics' whom they were seeking to cast out.

"We do not propose to go over in detail the evidence or arguments in the case, as far as they have been published. The defendants undertook to show, and so far as we can judge, did show, that there was nothing in the legally-defined purposes of the Massachusetts Medical Society which made the practice of homœopathy inconsistent with membership. They showed that they had been members of the society for periods varying from sixteen to thirty years; that they had fulfilled all the requirements of the constitution, and that one of their number was known to be an officer of the Homœopathic Society at the time he was admitted to the Massachusetts Society. The published defense of the accused persons, as delivered on the trial, is candid, temperate, and courteous toward their prosecutors; it is also exceedingly vigorous and logical, and betrays in all respects the air of men of cultivated minds and assured position. The Board of Trial seem to have been engaged in a work of doubtful legality, which, if legal, was exceedingly ill-judged, and which has been carried on in the most arbitrary and unjustifiable manner.

"It is to be hoped that the society itself will reject the suggestions of the Board of Trial. It can make little difference to the homœopathic physicians of Boston whether they are retained or expelled by the Massachusetts Society. Their merits as physicians, or the public opinion of their merits, will not be affected one way or the other. But the majority in the society cannot afford to sanction a procedure which, affecting to determine a question of honorable conduct, has been marked by so many features of unfairness and abuse of power. If the society consult their patrons, they will find that it is no longer the accused, but the accusers and the judges, who are on trial before intelligent people."

BROOKLYN HOMŒOPATHIC HOSPITAL.

THE success of this institution is now fully assured, and the trustees are more than pleased with the result of the first three months' work. There have been admitted to the hospital forty-two patients, and twenty-one are at present in the building. Twelve surgical operations have been successfully performed, and a number are waiting for surgical aid, among them, a case of ovarian tumor. As yet, there has been no loss of life. In a few days a new medical ward will be thrown open to the public. It will be known as the Bishop's Ward, in honor of Bishop Littlejohn, of the Long Island Diocese, who has taken quite an active interest in the hospital from its inception, and who presided at the formal opening. The ward will accommodate fifteen beds, and has a separate bath room and nurse room. It will be used as the male medical ward. The male patients will now have the first floor, and the female patients the second. In addition to this improvement, four handsomely furnished private wards have been provided for pay-patients. The grounds have been laid out in the most approved manner, and the appearance of the property is completely changed. In the mean time, the State has ordered an annual appropriation of $4,000 for the support of the hospital, and the income from patients will not fall short of $4,000 more, so that in every way the trustees feel that they have met with entire and complete success.

HOSPITALS.

THERE are thousands of children dying every summer for lack of fresh air and healthy food. There are thousands of mothers and fathers, with warm hearts and full purses, who would gladly save these little ones if they only knew how. The success of the *Times* excursions last summer showed that there would be no lack of means if the way were only pointed out, and the management placed in competent hands. These excursions did a vast amount of good, and were worth to the poor little children—many of whom thus obtained their first glimpse of the country—in health and happiness, ten times the amount they cost. We have no doubt that every contributor to this fund was amply repaid in the real good accomplished.

Here is work for ladies to do; not only in New York, but in all our large cities, where the poor are crowded in close quarters. Let some active, energetic lady take the lead and set the ball rolling; some one, perhaps, who feels she owes a debt of gratitude for the preservation of her own little ones, or whose sympathies have been awakened for all little children as she placed the dead forms of her own babes away from her sight but not from her memory, under the sweet spring flowers. Let a little of the money she would have spent upon them go to bring gladness to other hearts and life to those who, but for her help, must pass away ere they have scarcely tasted the cup of life.

The way is simple and easy. In every church, in every social circle, gather together those who would like to aid in a cause like this; hire a little cottage by the sea-shore or among the hills, anywhere in a cool, healthy location, where God's fresh air can reach them untainted, in all its purity and vitalizing power; furnish it cheaply and place in it some kind, motherly woman as matron, or a sister from some of the religious institutions. Now gather together the poor and the outcast, those shut up in crowded rooms and dying for want of fresh air and a little healthy food, and see how the color will come back to their pale cheeks and life to their wasted forms. Keep them here during the hot months of summer, and send them back in the fall with a stock of health which will give them a fair start on their voyage of life. And some time during the hot summer days, when the air feels like a

furnace in the great city, and you are tired with the whirl of Newport and Saratoga, go down among them and see if any opera was ever so sweet as the music of their laugh, or any picture so beautiful as their sweet, bright faces, flushed with health and happiness.

This is missionary work, real hospital work, requiring no costly buildings, no complex machinery, but simply a little money, a little labor—an outlay which will be returned ten-fold in the happiness of feeding God's little ones, and in rescuing them from death.

Who will start the first hospital? What physician's wife will thus become a missionary for good? What kind-hearted woman, with the love of humanity in her soul and the words of the Great Physician in her ears, "Inasmuch as ye have done it to the least of my little ones, ye have done it unto me," will put her hand to the work and see that it is accomplished?

SANITARY REFORM IN THE COOPER UNION.

THE worst ventilated public room in New York is, unquestionably, the Reading-room of the Cooper Union. The atmosphere in this place is loaded with effete animal matter and poisonous exhalations to a greater and more deadly extent than exists in any prison in the city. As the visitor opens the door upon entering, he is saluted with an outward rush of foul air that is moist, warm, and reeking with that peculiar odor that belongs to overcrowded rooms in tenement houses. After a few minutes sojourn in the room the sense of smell becomes less acute and the vile odor is no longer noticed. It still exists, but the faculties soon become benumbed by the effects of the poisoned air, so that they lose their natural acuteness. The vast room is crowded with readers, but a more sleepy set were never seen. The atmosphere is heavy with carbonic acid gas, and under its influence all become more or less drowsy; many will be found actually asleep and nodding in their chairs. It is not a natural sleep from weariness, but the direct action of a poisonous gas. Were these sleeping men drunk from liquor, their sanitary condition would be no worse than it is when drunk from the anæsthetic effects of a deadly gas. On looking at those who habitually frequent the Reading-room, the deleterious effects of the air will be found expressed legibly in the sickly, wan and unhealthy countenances of the readers. The very gas-lights burn with a dim and feeble light in this atmosphere. As a hot-bed for the origin and spread of typhoid fever and zymotic diseases in general, it has no superior in New York, and we seriously question whether the mental benefit of the Reading-room is not more than outweighed by its injurious effect on the health of those who frequent it. The new Board of Health should not omit this place from their inspections, for it is not only the worst public place in the city, considered from a sanitary point, but there is absolutely no excuse for its vile condition. Its lofty position, having unlimited avenues for the accession of light, and pure, healthful air, is unsurpassed, and we therefore do not hesitate to condemn its present condition as a crime against the public health. During the summer time the windows will probably be opened so as to admit of proper ventilation, but unless some means are adopted for a proper ventilation during the winter months, it would be better to close the Reading-room during the cold weather.

MEDICAL ADVERTISING.

IT IS DEROGATORY TO THE DIGNITY OF THE PROFESSION TO RESORT TO PUBLIC ADVERTISEMENTS, OR PRIVATE CARDS, OR HANDBILLS, INVITING THE ATTENTION OF INDIVIDUALS AFFECTED WITH PARTICULAR DISEASES—PUBLICLY OFFERING ADVICE AND MEDICINE TO THE POOR, GRATIS, OR PROMISING RADICAL CURES; OR TO PUBLISH CASES AND OPERATIONS IN THE DAILY PRINTS, OR SUFFER SUCH PUBLICATIONS TO BE MADE; TO INVITE LAYMEN TO BE PRESENT AT OPERATIONS; TO BOAST OF CURES AND REMEDIES; TO ADDUCE CERTIFICATES OF SKILL AND SUCCESS OR TO PERFORM ANY OTHER SIMILAR ACTS. THESE ARE THE ORDINARY PRACTICES OF EMPIRICS, AND ARE HIGHLY REPREHENSIBLE IN A REGULAR PHYSICIAN.—*Code of Medical Ethics, American Medical Association:* OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.—*Article* 1, *Section* 3.

HISTORY OF ANÆSTHETICS.

On Wednesday evening, May 21, at eight o'clock, a series of interesting discourses "On the History and Chemistry of Anæsthetics" will be delivered in Steinway Hall by Dr. J. Marion Sims and Professor R. Ogden Doremus, respectively. Experiments illustrative of the practical application of anæsthetics in surgery, will be performed by Professor Frank H. Hamilton. An address will also be delivered on the occasion by the Rev. Henry Ward Beecher. The exercises will be presided over by Mayor Havemeyer, at whose request, joined with that of the numerous scholarly and prominent men of the city, the exercises are to take place. Mr. Charles Walter will play *appropriate organ airs*, and the evening will be made one of unprecedented interest and instructiveness.

—*New York Herald*

This interesting event took place as announced and afforded great amusement to a large audience; but we cannot help thinking how much was left undone that would have rendered the entertainment still more attractive. To be sure, the music was very fine, and the manner in which Mr. Walter rendered the appropriate airs "Rock me to sleep, mother," and "Blow your horn, Gabriel," brought tears to the eyes of each medical man in the vast assemblage; but if the distinguished Stephen Smith, M. D., could have been induced to give a tight-rope performance, or A. Flint, Sen., induced to render the "Star Spangled Banner," many persons in the audience would have derived much more enjoyment from the evening's entertainment. The Rev. H. W. B. was evidently so much pleased by what he saw and heard that for the first time in his life he failed to find words to express his admiration of the distinguished men by whom he was surrounded, and he simply dismissed them with his

benediction. We congratulate the gentlemen upon the success of the performance, and hope they will profit by our suggestions if they try it again.

It may seem quite unnecessary for us to call attention to this.

OPHTHALMOSCOPIC INVESTIGATIONS.

THIS is an age of progress. The world cherishes the fact and proclaims it from the pulpit, the forum, and the press. The thought of progress and advancement is captivating, and progressive things are hailed with glad delight. Further, the people demand that everything should coincide with the spirit of progress. The minister, to be popular, must be progressive and shape his doctrine to harmonize with the teachings of science as revealed to-day.

The politician, to be successful, must support heartily all measures of progress and reform.

And the press of to-day reaps its most golden harvests in according with the pervading spirit of the times, by advocating progressive measures and demanding reform.

The laity, recognizing the wonderful advancement made in philosophy, astronomy, geology, and in physical science, queries often if there has been as great progress in the department of medicine.

We are continually forsaking the traditions of our fathers in medicine, and with the aid of the microscope are recognizing functions and abnormalities which were hitherto only surmised or unknown; and with our improved means of diagnosis we are able to localize diseases now, where, a decade since, only ingenious guesses could be made.

Perhaps in no department of medicine has there been greater advancement made in the knowledge of organs, their functions and their diseases, than in that of nervous diseases.

Much of it is due to the revelations of the ophthalmoscope, and for purposes of diagnosis in diseases of the brain, it is of equal value to the stethoscope in diseases of the thoracic organs.

Tubercular meningitis is dreaded by every physician. When once recognized it is deemed incurable, and the practitioner reproaches himself and the science of medicine that he is powerless in meeting these cases. According to Albutt, in a recent work on the ophthalmoscope, this disease can be recognized and *cured* in its early stages.

He says: "I think I am in a position to say that the mirror enables us to learn something more concerning the clinical history of tubercular meningitis than we know already, and that this additional knowledge will bring about some change in our views and opinions concerning the frequency and the curability of this formidable disease.

"The anterior subarachnoid space, with the sylvian fissure, is a district which is especially one of the districts of tubercular meningitis, and the chiasma seldom escapes.

"In their backward course from the chiasma up to the tubercular quadrigemina, the tracts are closely invested by the highly vascular pia mater, and they are, in great measure, dependent upon it for their nutrition. Inflammation of the membranes upon the tracts, chiasma or optic nerves, therefore, not only creeps up to the eye and presents its characteristic cell proliferation, but it also cuts off nutriment from the nervules This compound mode of change I have several times verified with the microscope, and have seen the gross connection-tissue of neuritis enclosing, not crushed, nerve-filaments, but empty or half-empty spaces from which the filaments were withering or had withered away.

"The important question for us to decide is, whether we have any means of detecting with certainty the presence of meningitis in those slighter cases where we can now only guess at it, or can scarcely even guess; and in which cases we need not expect to find a large per centage of mortality. It is here, I think, that the ophthalmoscope comes to our assistance and gives us the same kind of help in detecting incipient or slight degrees of tubercular meningitis, that the stethoscope gives us in detecting those incipient or slight degrees of ulcerative change in the lungs, which, without it, are beyond certain diagnosis. When a patient is seized with vomiting, headache, convulsions, and other symptoms of much meningitis, and when at the same time, on examination with the ophthalmoscope, I find congestion of the optic disk and retinal vessels, which is frequently the case, then I have no hesitation in saying that the patient is suffering from meningitis at the base of the brain; and the autopsy proves the diagnosis to be correct. Suppose, however, that a child is liable to occasional vomiting of a purposeless kind, and attended with but little nausea; suppose him to be liable to an evening fever, and to be rather restless, or sometimes very restless at nights; suppose, moreover, that he complains of pain in the head from time to time, of a kind which drives him for a few hours only from his companions and his games, or, perhaps, for a day or two; suppose, again, that his temper changes, and from being a good child he becomes irritable or positively mischievous; while at the same time his memory does not develop, and he is quite unable to fix his attention upon his school work; suppose, farther, that he suffers from spasmodic movements during his sleep, or even from full convulsions, and that the child nevertheless recovers from this state, and returns either to full health or to health of body with more or less injured mental faculties—should we call such a case meningitis?

"Now, I have had many such cases under my care, and I have records of many in which the ophthalmoscopic appearances were noted throughout, and in which I found those same signs in very well-marked degrees, which I have also described as occurring in undoubted cases of meningitis, proved by autopsy. Is it not probable that in these cases we have also meningitis—a meningitis less severe than that which proves fatal, but meningitis, nevertheless! During the last few years I have given a great deal of time and care to the investigations of the state of the eye in meningitis, and I have been long convinced that the tubercular form as a disease of children, is more common and less uniformly fatal than is generally supposed!!

Reviews of Books.

THE SCIENCE AND ART OF SURGERY; *embracing Minor and Operative Surgery; compiled from Standard Allopathic authorities and adapted to Homœopathic Therapeutics.* BY E. C. FRANKLIN, M. D. Vol. II., St. Louis, 1873.

THIS volume completes Dr. Franklin's work on surgery, which is now before the profession as a guide to active practitioners, and as a text book for students. The book is printed on a poor quality of paper; the illustrations are of an inferior character, and at a superficial glance, there is an unfavorable impression produced by the handiwork of the printer.

Of the author's work we can speak with more satisfaction. Dr. Franklin is well known as a good surgeon, skillful and successful as an operator, and having a large experience from which to draw correct inferences with reference to treatment. As surgeon, professor, and author, he has always been characterized by throughness, and in the work before us he fully sustains his reputation. Dr. Franklin has approached the task of writing a work on surgery in the right spirit. The operative part of surgery, and the principles of pathology on which it is founded, are the same in all schools. There can be no such thing as "Homœopathic Surgery." The term contradicts itself. But the application of homœopathic practice to surgical diseases and conditions has been proved over and over again to be of singular efficacy, and homœopathic surgeons are now demonstrating every day the superiority of the homœopathic practice as compared with the results obtained by the surgeons of the old school. Dr. Franklin, very wisely, selects from our opponents the very basis of operations. The details of diagnosis, pathology and operative treatment are taken, with few exceptions, from the latest and best authorities in the old school. His selections are evidently the result of a wide range of surgical reading, and show a through appreciation of the subjects, as well as a practical acquaintance with clinical cases.

In the application of homœopathy to the treatment of surgical conditions and diseases, Dr. Franklin's work will be of great value as a guide to physicians in ordinary practice. The author here, as in other parts of the work, does not confine himself to his own experience, but quotes from others who have been successful with homœopathic remedies. We give a few extracts illustrating the application of homœopathy to surgery. Speaking of *Non-Union and False Joint*, Dr. Franklin says: "I have never heard of, and certainly have never experienced in the various cases of practice I have treated, both in hospital and civil practice, this malcondition where *symphetum* was properly administered, and I do believe that non-union of bones, except under the most adverse circumstances, will never occur under the judicious use of this remedy. Professor Morgan, of Philadelphia, reports a number of cases of delayed union in bones to have been speedily corrected by *Calcarea phos.* from the third to the sixth potency."

In the treatment of *Synovitis*, the author gives the proper indications for the use of the ordinary remedies, but his own clinical experience has been most satisfactory with *Propylamin* and *Sulphuric acid.* Of the first, he says: "This remedy is prepared by distillation from herring brine, and in 250 cases of acute rheumatism treated by Dr. Amenarius, of St. Petersburg, the pain and fever disappeared in every case the day after its administration. My experience in the use of this remedy is limited, but in all cases of acute rheumatic fever, in which I gave it alone as soon as called in, the patients were promptly relieved in thirty-six hours, and convalesced in a few days without any untoward symptoms. The *Propylamin* is found in two forms; the *liquid*, a distillation from the herring brine, is colorless, transparent, and possesses the fish brine odor; the *muriate* is in the form of fine crystals very soluble in water, one grain of which is about equal to one drop of the liquid. *Dose:* two or three drops in a glassful of water, and taken every two hours, for an adult."

"In certain seasons, in my hands, the greatest benefit has arisen from the use of mineral acids, and especially *Sulphuric.* The number of cases under treatment have not been sufficiently large to arrive at positive conclusions, as I do not feel justified in neglecting local treatment, but in all the cases that fell under my observation last spring (1871), every one was completely cured by this internal agent alone, after the accute symptoms had been subdued by *Aconite*, and I believe a careful trial of this remedy will satisfy any one of its great curative value in rheumatic fever."

The larger part of this volume is devoted to the consideration of Fractures, Dislocations and Operative Surgery. The two former subjects occupy 242 pages profusely illustrated, and are models of careful research and judicious treatment. No other work on General Surgery contains so complete and exhaustive a consideration of these important topics. We cannot say as much for the part devoted to Operative Surgery, in part because Dr. Franklin's handling of the subject of dislocations and fractures led us to expect an equal excellence in this department, which we do not find, and in part because the space allotted to the subject (334 pages) is not sufficient to allow of anything like exhaustive treatment. Dr. Franklin leans very properly toward those operations that are thoroughly proven and efficient, but sometimes we think that he carries this conservatism a little too far. For instance, in the radical cure of Hydrocele, the author gives but one method, viz.: withdrawing the liquid from the cavity and the injection of Iodine. No mention is made of the radical cure by snipping out a piece of the tunica vaginalis, or by the operation of electrolysis, although both are as effective as the treatment by injection. In the more important operations there is more thorough work done, and our adverse criticism applies in general only to the smaller operations, which, we think, are sometimes disposed of too hastily. Whenever Dr. Franklin quotes from his own experience, whether in the use of remedies or of operative procedures, there is always something that deserves attention. However old fashioned he may be in theory, his practice shows him to be brilliant in practice and courageous in adopting new measures that promise a successful result. We quote from (p. 731) one of the author's cases, the first of its kind ever performed, in evidence of our opinion of his daring and success. The case was one of Ovarian Tumor cured by Electrolysis. * * "I felt sure that the case was an unilocular cyst of the left

ovary, and concluded to try the effects of the electro-galvanic current, upon the same principle as my friend, Prof. Danforth, of Chicago, had employed it in the case of a large hydrocele, with the most triumphant success. Having appointed a time for the operation, and procuring three gold needles to be used in the process, and a twenty-cell battery, I approached the operation, not without some timidity, as I was traveling over new ground, and feared the uncertainty lying before me. The more I reflected over the principles involved in the curative process, the more hopeful I became as to the result. Preparing the patient for the operation, adjusting the battery, and applying over the tumor, which was the size of a large cocoanut, a heavy steel ring, forcibly held downward by an assistant, I plunged into the sac, one at a time, the three gold needles prepared for the purpose. Now placing the *positive* electrode upon the back, and the *negative* in contact with the needles, the current was kept up for nine minutes through the sac. The patient only complained of pain and smarting in the back. The battery was applied as before, and continued until the skin surrounding the needles showed evidences of cauterization when they were withdrawn. The last application of the galvanic current was continued sixteen minutes. Upon examination of the tumor, its elasticity was gone, and in place of the fluctuation so plainly felt before, there appeared a 'boggy,' doughy mass, very unlike the characteristics previously experienced. There was but slight pain or constitutional disturbance following this operation, and in a week my patient was walking about; in three weeks she went home, the tumor having so far disappeared that it seemed no larger than a pullet's egg. Since then, she has written me that she is well and never felt better in her life."

With this remarkable and suggestive case we must close our notice of the book. It is a good work; beyond comparison, the best for homœopathic practitioners. It has some defects, which are mere omissions of some good things rather than commissions of bad, but we find so much to commend in Dr. Franklin's work, that we can even overlook the printer's work, and advise our readers to place these volumes on their book-shelves for reference in surgical cases.

AURAL CATARRH AND CURABLE DEAFNESS. By PETER ALLEN, M. D., *Fellow of the Royal College of Surgeons, Edinburgh; Member of the Royal College of Surgeons, England; Aural Surgeon to, and Lecturer on, Aural Surgery at St. Mary's Hospital, etc., etc.* WM. WOOD & CO. 1872.

THIS book does not pretend to be an exhaustive treatise upon the subject of aural diseases, but gives a short and systematic *exposè* of a class which are most commonly met with in the routine of every-day practice.

According to Von Tröltsch, about one-third of all people between the age of twenty to forty years, suffer from some form of aural disease. In five-sixths of these, the deafness is supposed to have arisen from morbid conditions of the mucous membrane lining the throat, nasal passages, and middle ear.

As the author devotes himself exclusively to the catarrhal diseases, he very appropriately designates his book as lectures on "The Commonest Forms of Deafness, and their Cure." Like every good teacher, Dr. Allen endeavors to simplify his subject, so that it may be acceptable to the student; and, in doing so, he has made his book a profitable one for the general practitioner, who, among the multitude of cares, and in the drive of business, has usually but little time to devote to the perusal of lengthy treatises upon special subjects.

He touches lightly the anatomy and physiology of the ear, and only enters upon that which has a direct relation to the subject under his consideration. In the latter, he enters into a discussion on the physiology of hearing amidst noises. It is a well-known fact that in deafness resulting from some forms of aural catarrh, the patient hears better or well, when riding in a carriage or omnibus, amidst great noises or loud rumbling, roaring sounds.

The immense improvement which sometimes occurs in these instances has been variously explained. Some writers have considered it imaginary on the part of the patients. The author, after giving several of the more prominent theories lately advanced, enters upon a physiological explanation of it, as follows:

"Stretched membranes take up vibrations from the air with great readiness. Now, when patients are suffering from the effects of a catarrhal disorder which has left the drum-head in a relaxed, flabby, sunken, atrophied, thinned, or collapsed state, or in fact, in *any* condition which has greatly reduced its vibratility, we find that an improvement in their hearing takes place whenever *tension* of the diseased membrane can be accomplished. But, it will be asked, how can the deaf person, while riding in a railway carriage, or amidst a tumult of sounds and noises, as before mentioned, have the state of the membrane suddenly changed from relaxation to tension? The reply to this inquiry will, I am persuaded, furnish the true explanation of this curious fact. The tensor tympani, which alone tightens the membrane, receives its nervous supply from the otic ganglion, and from the motor root of the trigeminus, the third or inferior maxillary branch of the fifth. Its contractions are therefore, mostly, if not entirely involuntary movements, unlike in this respect, as we have seen, to the stapedius. Politzer has, by irritation of the tri-geminus within the cranium of a vivisected dog, stimulated the tensor tympani to action, and rendered the effect visible on the membrana tympani. This muscle is excited by reflex action, like the iris, which may be caused, either by the expectation of a local sound, or by any actual sonorous impression.

"As the optic nerve, spread out on the retina, requires the stimulus of light to cause contraction of the muscular fibres of the iris, so does the auditory nerve need the stimulus of sound to put the tensor tympani into action.

"Thus, a patient with a relaxed membrana tympani has the tension of it effected by the very sounds which confuse us. Increased tension of our healthy drum-heads will prevent our reception of *ordinary* conversational sounds, whereas, a relaxed drum-head by thus becoming stretched and tense, is rendered more like our own, and is then in a state to receive and transfer sounds that were before inaudible. Simultaneously, a change occurs in the position of the ossicles—the whole chain is, as it were, braced up, and due tension of the inner mem-

brane and pressure upon the fluid in the labyrinth effected. The patient, previously deaf, thus hears as well as, or better than, we do ourselves under the circumstances specified."

The writer devotes two chapters on the different modes of examining and inflating the middle ear.

He commends Politzer's method very highly, and justly pays high compliments to one of the foremost aurists of Germany, to whom the world is indebted for much of the recent advancement in the knowledge of aural diseases, and the more scientific and effectual methods of treatment adopted at the present day.

He has made improvements on the bag devised by Politzer, and he takes numerous occasions to remind the reader of them by frequently speaking of inflating the tympanic cavity by his modified Politzer bag:

"The modification consists in the addition of a valve, through which fresh air is drawn into the bag, thus obviating the necessity of withdrawing it from the nose after each compression. Also, by substituting a *nasal pad* which is pressed *against* the opening into the nostrils, for the tube which he inserted *into* one of them. Mounted on a strong piece of covered copper wire, are two air pads, which can be so approximated or separated, as to stop up conveniently the nasal orifices. The metal serves as a handle for the surgeon or patient. Through each pad runs a hole, and these holes communicate with two short bits of India-rubber tubing joining into a single tube. Into this tube the pipe of the inflating bag is inserted, and the apparatus is thus complete."

Although commending Politzer's method highly, and using it almost universally, we should suppose from the records of his cases, he emphatically recommends the frequent employment of the Eustachian catheter.

He says: "Unhesitatingly, there is no other agent in the *treatment* of very numerous cases of catarrhal deafness upon which we may so confidently rely as the catheter," which coincides with the sentiments of the French and German aurists.

He prefers those made of silver to the hard rubber ones generally used in Germany and in this country. His description of the steps of the operation of Eustachian catheterism is not so clear and concise as that given by Kramer.

The remainder of the book is devoted to the different forms of diseases which are classified under the title of Aural Catarrh.

He simplifies the classification of these, making three divisions only, in the place of eight, given by Von Tröltsch. They are, *simple aural catarrh*, which is again subdivided into the two forms, acute and chronic; *purulent aural catarrh*, also acute and chronic; and, *otorrhœa*, *aural polypi*, etc., or the results of purulent aural catarrh.

He handles this subject with much ease, and gives in a light, flowing style, the main points treated of in larger and more exhaustive works.

In the treatment of the chronic aural catarrh, he decries the prevalent custom of injecting liquids into the middle ear through the catheter, and recommends the use of atmospheric air and vapors instead. He denounces the treatment adopted on the continent, saying, "it is, in his opinion, too violent in character, and too abruptly entered upon." His own experience "is opposed to the sudden and early introduction of the catheter, either as being necessary to diagnosis, or as a therapeutic agent." He advises gentler and less disagreeable or painful modes of opening the Eustachian tubes, and restoring air to the drum cavity, and does not approve of the sudden and forcible injection of fluids. He agrees with Von Tröltsch in his preference for vapors, as he says in his experience, "with the exception of iodine and acetic ether, the vapor of hot water—*i. e.*, simply steaming the cavity of the tympanum—is the best."

The operation of "paracentesis" is strongly disparaged in chronic catarrh. It has lately been much resorted to by aurists in London, and also by a few in Germany. But, in the author's experience, it is often followed by severe reaction, entailing conspicuously evil results. The author intersperses a few well-marked cases to illustrate the treatment advocated. According to the rapid results he effected in these, extraordinary success must have crowned his efforts; for rarely have I ever seen so speedy and permanent cures made under the most skillful of prominent aurists, either on the continent or in this country.

The book is a valuable addition to the department of aural literature, and will fill a niche in the library of the student and general practitioner, as a short, clear, and concise treatise on the commonest forms of deafness and their cure.

Transactions of Societies.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THIS society, the oldest national medical association in the United States, commenced its Twenty-sixth session, June 3d, in the hall of the Homœopathic College, Cleveland. The meeting, which was well attended, was called to order by the President, Prof. A. E. Small, when an eloquent address of welcome was delivered by Prof. J. C. Sanders, of Cleveland.

"Wearied by your journeyings," he said, "and worn by labors, responsibilities and anxieties you have left behind, you come from states near and far away. Ohio, vast, rich, mighty in peace and in war, in greeting salutation unfurls over you her banner of power and glory. And Cleveland, her fairest daughter, whose feet are washed by the commerce-whitened shores of Erie, whose sinews are iron and steel, whose brow is forest-crowned, whose heart is warm with love and nurturing care toward her own, and whose home-altars glow with generous hospitality toward the worthy stranger within her gates, bids you welcome, and tenders to you rest.

"No other class of men so need rest. For this you could well incur the expense of time and money, and for this your own families could well bid you God-speed, but the sick and suffering, and the soon-to-die, whom you have left behind, still plead with you, as with angel voices, that this respite shall be improved, not for your own, but for their advantage. And all the sick and suffering and dying in our vast humanity could well join in this importunity.

"In your corporate capacity as the American Institute of Homœopathy you represent the most advanced truth in medicine, the only rational philosophy of cure, and the surest and safest therapia, and you meet again to unfold and make known to each other the treasured results of another year's study and experience.

"How important, then, it is that each brings to this altar his best gift, and gathers therefrom some truth or suggestion of research or experience not before his own And how essential it is that no waste is made of these precious possibilities in parliamentary circumlocution and routine, or in Bacchanalian revelries, or by obtrusions of themes foreign to medicine, or by discussions of self-evident propositions, or in vauntings of puerile and petling ideas, or by the effervescence of personal figures, or in the display of the brandished and clashing steel of rancorous debate.

"With the eyes of all who feel the blight of disease, or the curse of pain, or the shadowy touch of approaching Death turned eagerly toward you, what inspirations have you to strike hands in loyal and cherishing brotherhood and move toward a higher plane of thought and discussion than ever before attained, and make this session of the Institute memorable in the history of medicine."

The President, in his annual address, said:

"Our national body was the first in this country to organize as a national council of physicians, having for its object 'the improvement of the science of medicine.' How far the most faithful, if not the most faultless efforts have been made to carry out this purpose, the records of twenty-five annual sessions must testify.

"Of the original members of the Institute, only about twenty have their names enrolled at the present time, and among these we find the names of four of the pioneers of Homœopathy in North America, and particularly in this country. I allude to Constantine Hering, of Philadelphia, John F. Gray, of New York, Jacob Jeanes, of Philadelphia, and F. R. McManus, of Baltimore, who forty years ago were representative men of our school. Immediately after the first convocation of homœopathic physicians, to organize a general body, societies were organized in several of the large cities and towns, as auxiliary branches, in which were appointed various and earnest committees to work up and improve all the branches of medicine.

"These societies have gone on multiplying until all the large towns and cities from Maine to California, have each an efficient organization. The change that has taken place within thirty years is remarkable if not surprising.

"Not only in the towns and cities have these associations been formed, but in every county and state where the members of the profession are sufficiently numerous to form such a body.

"Sixteen states have general organizations, auxiliary to this body, while in each county and town and city there are tributary branches. This multiplication of co-operative bodies is now having a wide-spread influence, it is daily making inroads into every department of society. Its importance has been felt in halls of legislation in empires, kingdoms, and states. We have a striking contrast between the late proceedings of the Massachusetts Medical Society and the Legislature of the State of Michigan. The former, chilled by the unhealthy moisture of the evening, has retired amidst thick darkness to indulge in a Rip Van Winkle slumber, while the latter has arisen surrounded by the nameless influences of the morning to plant homœopathy side by side with allopathy in one of the most flourishing universities of the West. The ball is still rolling, and its recognition elsewhere is now bringing about wonderful transformations in public and private charities. Even in our own general government there has been a quasi recognition of our claims by the appointment of some of our fraternity to important parts in the civil service of the country. We are safe in regarding this act decidedly prophetic and a good omen for the future.

"Our national society is looked upon as a center from which a wide-spread influence should emanate for the benefit of mankind. Therefore, let it instruct its Bureau of Clinical Medicine to point out rules which can be uniformly of service in establishing, conducting, and recording the practical operations of as many hospitals and dispensaries as in every community may be needed or can be supported. This would tend to improve and augment the science of medicine, for in every laudable pursuit practice makes perfect.

"The entire subject of medical education should come up annually, in county, state, and national societies, until a brilliant response from our colleges shows them worthy of being hailed as the sources of light, crowned with the glory of usefulness and professional honor, because they have perfected facilities that cannot fail of swelling the ranks of our profession with finished scholars, polished gentlemen, and thoroughly educated physicians and surgeons.

"The power of the press is everywhere revealed, and in the service of truth it builds up human interests. It should never be the willing generator of puerile strife, but the propagator of noble principles. In medicines it should be the channel of truth, new discovery, and practical observations. A medical journal is out of its legitimate sphere when it becomes the propagator of doctor's quarrels, throwing broadcast personal invectives, dogmatic implications and insinuations of a personal nature. The press, when controlled by men of doubtful integrity, often proves a source of corruption, but when governed by good and true principles, it exerts a wholesome influence. When engaged in the cause of medicine, or in behalf of human health, its stand-point should be sufficiently elevated and pure to send forth as from a fountain, refreshing streams to invigorate the careworn faculties of those engaged in professional life.

"It is the duty of an editor, while in the advocacy of any cause, to cherish liberal sentiments and not be invidious or dogmatic in criticisms while it is his privilege to indulge in wholesome review, to point out errors, and hold them up in the light of truth. It is not for him to mar the work by going off in side issues, a few malicious flings, a needless exaggeration and perversion, for it betokens a littleness of soul and a want of manly honor which, to say the least, is sometimes humiliating in our medical journals. What, then, should be expected of our periodical literature? It will not be extravagant or exacting to expect that it will be the medium of conveying periodically to its patrons the latest achievements of science and art in medicine and surgery—the latest record of scientific discovery, of material, medical, and clinical experience. It should be the repository of reliable intelligence concerning climates, watering-places, and retreats for invalids suffering in body or mind. It should contain well-written and exhaustive essays on the treatment of specific diseases, epidemics, and endemics, and the best means of guarding against them. It should

discuss the sources of malaria as well as the lethal intrusions upon the wings of the wind. It should interest itself in general sanitary measures, scan the sewerage and drainage of cities, point out what is defective and how to remedy it; give explicit directions concerning the effects of pure water and other elements of hygiene in promoting the longevity of the human race."

The report of the treasurer showed that the receipts of the Institute had exceeded three thousand dollars during the past fiscal year, and that all expenses had been paid, with a small balance remaining. He offered a resolution, which was unanimously adopted, that all members of twenty-five years' standing should be placed on the honorary list, and while they retained the full privilege of membership, should be exempt from the payment of future dues.

Dr. I. T. Talbot, of Boston, Mass., presented the general report of the *Bureau of Provings*, in which was announced that the following papers would be presented: Verification of Symptoms, by W. E. Payne, of Bath, Me.; Provings of Eucalyptus Globules, by E. M. Hale, of Chicago: Verified Symptoms, by W. McGeorge, of Woodbury, N. J.; The use of Sulphur in Acute Diseases, by C. Wesselhœft, of Boston; Provings of Fagopyyrum and Sulphate of Lime, by T. F. Allen, of New York; A Physiological Proving of Vaccine upon Sheep, by J. Pettet of Cleveland; A plan for the more thorough and proper proving of remedies and notation of symptoms for use under the homœopathic law, by J. P. Dake, of Nashville (specially ordered by the Institute).

Dr. Dake then read his paper, which had evidently been prepared with great care. He took ground in favor of the thorough organization and equipment of a centrally situated College of Provers, for testing the effects of drugs upon the system; of educated and properly qualified Provers, who should record the effects produced and carry on all their work under the guidance and control of a Faculty. The result of these labors would develop the action of drugs upon human beings, and would be published by the college for the use of the entire profession. This paper elicited considerable discussion.

Dr. I. T. Talbot read a paper by Dr. William E. Payne, of Maine, on the question whether the purification of the *Materia Medica* can be effected by re-provings of drugs; in which the doctor took the ground that re-proving was unnecessary, and that the symptomatology of the *Materia Medica* was to be purified by clinical verification of these symptoms.

Dr. J. P. Dake made an eloquent and effective appeal, at great length, for the plan of re-proving remedies detailed by him in his paper read during the morning session.

Dr. D. H. Beckwith, offered the following preamble and resolution touching this subject:

Whereas, In the opinion of the American Institute of Homœopathy, a more thorough and complete proving of the drugs now used by the medical profession is important and necessary, to the end that the *Materia Medica* may be purified, so far as possible, both from errors and superfluities, and become more available for the treatment of disease; therefore

Resolved, That a special commission be appointed by the Institute to memorialize Congress at its next session in relation to appropriating such a sum or sums as in the opinion of the commission may be necessary to establish and maintain a prover's college, upon such a plan and with such a faculty as may be deemed advisable.

On motion of Dr. Talbot, the above resolution, together with the subject of establishing a college of provers, was referred to a special committee, to report during the session. The chair appointed the committee as follows: Drs. I. T. Talbot, S. R. Beckwith, T. F. Allen, T. L. Brown, Lyman Clary.

The report and papers in possession of the *Bureau of Clinical Medicine*, were then presented by Dr. J. C. Burgher, of Pittsburgh. The following papers were presented:

An Examination of the Apparent Causes and Results of Treatment in One Hundred Cases of Phthisis, by H. B. Clarke, of New Bedford, Massachusetts.

Ferrum (iron) versus Phthisis, by E. C. Beckwith, of Zanesville, Ohio.

Regular and Systematic Respiration of Pure Air as a Prophylaxis of Phthisis, by J. C. Burgher, of Pittsburg.

Statistics of Comparative Mortality under Allopathic and Homœopathic Treatment, by E. M. Kellogg, of New York.

Anal and Rectal Fissure, by W. Eggert, of Indianapolis.

Clinical Reports of Three Cases Cured by Natrum Muriaticum, by W. Gallupe, of Bangor, Maine.

Practical Remarks on Pulmonary Consumption, by W. H. Holcombe, of New Orleans.

Dr. Hall presented a paper on "Hints for the Management of Pulmonary Phthisis," which was discussed by Dr. E. C. Franklin.

Dr. J. C. Burgher had a paper prepared on the Systematic Respiration of Pure Atmospheric Air.

Dr. R. R. Gregg spoke at length on the pathology of Phthisis, showing five photographic views of the microscopical appearances of the different stages of the disease.

The President announced the appointment of the *Bureau of Materia Medica*, as follows: T. F. Allen, M. D., N. Y., Chairman; H. H. Baxter, M. D., Cleveland; Wallace McGeorge, M. D., Woodbury, N. J.; W. E. Payne, M. D., Bath, Me.; E. M. Hale, Chicago; O. P. Baer, M. D., Richmond, Ind.; J. P. Dake, M. D., Nashville, Tenn.; Constantine Hering, M. D., Philadelphia.

The report of the *Bureau of Obstetrics* was presented, and the following papers announced: Leucorrhœa in its Relation to Menstruation, by Dr. A. B. Gause, of Philadelphia; Leucorrhœa as a Conservative, by J. C. Sanders, of Cleveland; Inversion of the Uterus, by Dr. Mary S. Blake, of Boston; Cervicalis as Related to Leucorrhœa, by Dr. I. H. Woodbury, of Boston.

The President announced the following appointments of Bureaus:

Bureau of Clinical Medicine—L. E. Oba, La Crosse, Wis., Chairman; H. B. Clarke, New Bedford, Mass.; William Eggert, Indianapolis; E. C. Beckwith, Zanesville, O.; Geo. A. Hall, Chicago; W. H. Holcombe, New Orleans; W. H. Watson, Utica, N. Y.; David Cowley, Pittsburgh, Penn.; Bushrod H. James, Philadelphia.

Bureau of Obstetrics—J. C. Sanders, Cleveland, O., Chairman; I. H. Woodbury, Boston; Safford Blake, Boston; O. B. Gause, Philadelphia; F. B. Mandeville, Newark, N. J.; R. Ludlam, Chicago.

At the afternoon session, the report and papers of the *Sub-Bureau of Gynecological Surgery* were presented. Papers were as follows: Chronic Cervical Endometritis, by Dr. S. R. Beckwith, of Cincinnati; Ovarian Cyst, by Dr. C. Ormes, of Jamestown, N. Y.; Electrolysis in Ovarian Tumor, by Willis Danforth, M. D, Chicago.

Bureau for the following year is composed as follows: S. R. Beckwith, Cincinnati, O., Chairman; S. Lilienthal, N. Y.; R. B. Rush, Salem, O.; C. Ormes, Jamestown, N. Y.; W. Danforth, Chicago; M. Friese, Harrisburgh, Penn.; and N. H. Hunt, Covington, Ky.

Report and papers on *Surgery* next presented. The papers were as follows: Rachitis, by N. Schneider, of Cleveland; Bone Tumors, Benign and Malignant. by E. C. Franklin, of St. Louis; Suppuration and Abscess of Bone, by M. W. Wallins, Somerville. N. J.; Therapeutics of Bone Diseases, by J. C. Morgan, of Phila.; Necrosis, by L. H. Willard, of Pittsburgh; Caries, by C. P. Tief, of Pittsburgh; Reproduction and Repair of Bone, by J. H. McClelland, Pittsburgh; Strangulated Inguinal Hernia, with Removal of Sixteen Inches of Large Intestine, by H. F. Biggar, of Cleveland.

In the evening there followed a grand banquet, at which, in social converse, music, toasts, and speeches, all seemed to enjoy themselves.

The President made the following appointments for the *Bureau of Surgery*, for the following year: E. C. Franklin, St. Louis, Chairman; N. Schneider, Cleveland; L. Pratt, Wheaton, Ill.; W. T. Helmuth, New York; L. H. Willard, Pittsburgh; H. F. Biggar, Cleveland; J. H. McClelland, Pittsburgh; G. M. Pease, Boston; S. R. Beckwith, Cincinnati; M. McFarlan, Phila; J. G. Gilchrist, Tidioute, Pa.; M. W. Wallins, Somerville, N. J.

The *Bureau of Diseases of the Eye and Ear* then presented a report and papers through Prof. J. P. Wilson, of Cincinnati. Dr. Wilson read a paper on Diseases of the Eye, and the following were appointed to serve during the following year: Malcolm McFarlan, Phila., Chairman; T. P. Wilson, Cincinnati; H. C. Houghton, New York; C. H. Von Tagen; W. L. Breyfogle, Louisville, Ky.; W. H. Hoodyatt, Chicago.

Dr. T. Talbot offered the following, which was adopted:

Resolved, That no cases or papers which have been previously published, be presented to the Institute, or published in its transactions.

A motion was carried to hold the next meeting at Niagara Falls, on the first Tuesday in June, 1874.

The following were appointed on the *Bureau of Climatology:* M. M. Marix, Denver, Colorado; W. E. Payne, Bath, Me.; W. H. Holcombe, New Orleans; J. G. Gilchrist, Tidioute, Pa.; A. K. Wright, Buffalo; T. C. Duncan, Chicago; W. H. Leonard, Minneapolis; F. Hiller, San Francisco.

The *Bureau of Anatomy, Physiology and Hygiene*, presented its report through Dr. Buck, who also read a paper on the Hygienic Care of Infants.

Under the *Bureau of Psychological Medicine*, papers were read as follows: On the Importance of Mental Symptoms in our Provings and Prescriptions, by C. Pearson, Mount Pleasant, Iowa; Vital Dynamics, by J. H. P. Frost, of Danville, Pa.

Dr. Lilienthal presented the report of the *Bureau of Homœopathic Literature.* Three new journals have been added to those already existing, during the year, and many new and valuable works have been issued by various publishing houses, three principal ones by Western authors. Dr. W. H. Watson, of Utica, N. Y., offered the following resolutions, which were unanimously adopted:

Resolved, That homœopathists everywhere should strenuously insist upon the non-violation of the American principle of "no taxation without representation" by sectarian monopolies, either of national, state, county, or city institutions, supported by legal assessments, or of those private eleemosynary institutions which derive support from individual contributions.

Resolved, That the recognition of this principle by the Legislature of Michigan, by its action at the recent session, creating two professorships of homœopathy in the university of that state, meets the most hearty approval of this body.

Dr. Pemberton Dudley, of Philadelphia, presented the report of the *Bureau of Organization, Registration and Statistics.* The principal part of the report was a paper on the comparative mortality under homœopathic and allopathic treatment in the city of Philadelphia during the year 1872. This paper showed that in dropsy on the brain and other forms of dropsy and marasmus, the ratio was slightly in favor of allopathy. In scarlet fever, old age and paralysis, the ratio is about equal; while in all other forms of disease, and all forms of disease taken as a whole, the ratio was very decidedly in favor of homœopathic treatment; that is, fewer patients die under homœopathic treatment than under allopathic treatment. It was also shown that of those who die there was considerable difference in the average of their ages in favor of homœopathic treatment.

The Institute reassembled at ten o'clock Thursday morning. A plan has been proposed to centralize the colleges of the West in one medical university, to be located in one of the cities of the West; the said university to be endowed with a fund not less than $1,000,000, embracing a faculty competent to teach every branch in all its departments of medicine, the term of study to cover a period of time sufficient for thorough education A committee was appointed to consider the subject, and report to the next meeting. The Institute then adjourned to meet at Niagara Falls on the 2d of June, 1874.

The *Bureau of Pardology or Diseases of Children* was appointed as follows: Dr. T. C. Duncan, Chicago, Chairman; Emma Scott, New York; F. R. McManus, Baltimore; H. N. Martin, Philadelphia; N. R. Morse, Salem, Mass.; and Nubilung, St. Louis.

The following officers were elected for the ensuing year: President, Dr. J. J. Youlin, Jersey City; Vice-President, N. Schneider, Cleveland; General Secretary, Robt. McClatchey, Philadelphia; Provincial Secretary, Bushrod W. James, Philadelphia; Treasurer, E. M. Kellogg, New York. Board of Censors, F. R. McManus, Baltimore; F. F. Pomeroy, Detroit; H. H. Baxter, Cleveland; A. K. Wright, Buffalo; Mary Safford Blake, Boston.

ALBANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

AT a regular monthly meeting of the Society, Dr. Preston read a carefully prepared paper on Urinary Infiltration, its Causes, and Medical and Surgical Treatment.

Dr. Paine offered the following resolution, having reference to the establishment of medical colleges in Michigan and in Massachusetts:

Whereas, The Legislature of Michigan has recently provided for the appointment by the regents of two homœopathic professorships in the medical department of the State University; and,

Whereas, The Boston University, chartered by the State of Massachusetts, with the broadest and most extensive powers ever given to any educational institution, has decided to place its medical department under the homœopathic school of medicine; therefore,

Resolved, That this liberal action exhibited in two widely separated portions of this country, is a fitting rebuke of the bigoted and illiberal proceedings of the Massachusetts Allopathic Medical Society, in its star chamber attempt to effect the expulsion of homœopathic physicians for simply entertaining medical opinions differing from those held by the majority of the members.

The resolution was unanimously adopted.

Dr. Paine stated that prior to the first of January of the present year, the Atlantic Mutual Life Insurance Company had issued 10,819 policies, 5,429 homœopathic and 5,390 allopathic. There have been 156 losses by death, 72 homœopathic and 84 allopathic. These losses have occurred in all parts of the country, under the care of practitioners of the homœopathic and allopathic system of medical treatment. Inasmuch as the method of recording and classifying the risks is conducted with scrupulous accuracy, the result of this rigid comparison indicates the superiority of the homœopathic system of medical treatment. This delicate test shows that during the first seven years, in the five thousand five hundred homœopathic insurants, twenty-six lives have been saved by adhering to this conservative system of practice. The following resolution was then adopted:

Whereas, Well authenticated statistics deduced from carefully compiled reports of hospital and private practice, as well also as the past experience of this company, clearly demonstrates the results of the various systems of medical treatment to be so largely in favor of the homœopathic method, as to render it necessary, in order to protect the interests of practical homœopathists, that they be classified separately.

Whereas, At least forty per cent. of risks now being taken by ordinary companies are those of practical homœopathists, it follows that this class of insurants, by effecting insurances in such companies, do so at a decided pecuniary disadvantage, they being required to bear far more than their own proportion of losses; therefore,

Resolved, That as the Atlantic Mutual Life Insurance Company is the first, and, with a single exception, the only life insurance company which fully recognizes the importance and necessity of giving to practical homœopathists the full advantage of increased longevity, resulting from their own chosen method of medical treatment, it is a fair inference that the pecuniary interests of this numerous class will be promoted, and faithfully and carefully protected, by giving to the Atlantic their prompt, united and cordial support.

Scientific Gleanings.

REMOVAL OF PLASTER OF PARIS BANDAGES.—This may be readily accomplished by wetting them with a strong solution of common salt. It causes the plaster to crumble, so that the bandage can be readily cut. It is also useful to clean the hands and nails of the operator.—*Boston Medical and Surgical Journal.*

ABSORBING POWER OF THE HUMAN SKIN.—Dr. Thomson, of Edinburgh, states as the result of extensive experiments, his belief that not only has absorption by the skin been greatly exaggerated, but in the case of substances in aqueous solution, it seems to be the exception, not the rule, for absorption to take place; and that in the case of ointments some of the substances so applied seem to be absorbed and others not.

HOW TO DISTINGUISH CANCER FROM INNOCENT GROWTHS.—Dr. I. N. Dunforth, in writing on the subject of the great difficulty of recognizing cancerous growths under the microscope, says, that in conclusion, he would lay down the following simple rules for drawing the distinction between innocent growths and those that are morbid; whenever a description of *one* of the cells of a microscopic specimen is a description of *all* the cells, the chances are as ten to one that it is not cancer; whenever, on the other hand, the cells are so varied in form and size that philology, and ingenuity, and imagination, and the most unflinching resolution combined, utterly fail to accomplish the task of describing them, the chances are as ten to one that the specimen is from a malignant growth, whatever may be its name or location.

ON TYPHOID FEVER.—In Sir W. Gull's lecture on this subject, it is remarked that two hundred and fifty years ago one of the kings of England died of ague, but now by improved agriculture and drainage, the disease has become rare, and certainly very few die of it. Typhoid Fever, he asserts, is as preventable as ague, and two hundred and fifty years hence, death from it will be as rare. The disease is caused by a virus of nature which may get into the healthy body, increase in it and destroy it. It is an accidental condition, and not one of the ordinary processes of nature. The origin of the disease is in some way, connected with drainage; it has therefore been called the "filth fever," and to get rid of the filth is to get rid of the fever. This was illustrated in the case of the Millbank Prison, where typhoid and dysentery were once thoroughly established, but where both almost wholly disappeared when the water supply was changed and efficient drainage provided. In his closing remarks on the treatment of the disease, the lecturer said that no one can approach a case of typhoid fever without paying some attention to hygiene. This, he claims, is of the greatest importance, and with it he would prefer to carry any one through the disease by wines and soups and fresh air, rather than by the use of drugs.

LEAD POISONING IN A CHILD EIGHT DAYS OLD.—Dr. Bouchut was called to see the infant, which was healthy in appearance, but suffered day and night with a frightful colic, and finally died. After its death, it was discovered that the mother was using for her cracked nipples a quack salve, which contains very largely of Acetate of Lead

A NEW ANTI-PERIODIC.—M. Doran has stated in a note to the Academy of Sciences of Paris *(Comptes Rendus)* that he has never known the laurus nobilis to fail in the quotidian or tertian intermittents. Cases yielded to it that were fruitlessly treated by quinia. He has no doubt that in quartan ague it would be equally efficient.

THE NECESSITY OF RE-VACCINATION is thus summed up by a writer in the *Sanitarian* of April: "The liability to varioloid after ten years of age, of persons vaccinated under three years of age, and the increased liability again from fifteen to twenty-five years of age, of persons vaccinated or re-vaccinated at from ten to fifteen years of age, demonstrates, that generally, protection by vaccination under twenty-five years of age is complete for about seven years only. Subsequent to twenty-five years of age, protection is complete for a longer length of time, proportionate to the age of the individual at the time of the vaccination."

A NEW METHOD OF TREATING INTERMITTENT FEVERS.—Dr. Dédat, of Paris, advocates the use of subcutaneous injections of carbolic acid for the treatment of intermittent fevers. The injections are made under the skin of the chest, abdomen, or internal part of the thighs, with a small syringe. The strength of the solution is, one part of the acid to one hundred of water. Four injections are made the first day, three the second, and two the third. The first operation, according to Dr. Dédat, always abates the fever, and often cures it definitively. The other two are merely a matter of precaution.

News Items.

DR. FRANK A. ROCKWITH is about to remove from Newark, N. J., to resume practice again in East Saginaw, Mich. The doctor will be welcomed after his long absence by many of his old friends. He carries with him a ripe experience as a physician, and a reputation as a skillful and successful surgeon. As one of the most indefatigable workers in the profession, whether as physician, professor, or scientist, we predict a success for him in his new home, and congratulate our Michigan friends upon this accession to their ranks of one of the most accomplished men in the profession.

We are glad to hear that Dr. Pultu of Cincinnati is rapidly recovering from a long and dangerous illness.

Dr. Shane reports twenty-three cases of gonorrhœa quickly cured by the aid of cold; ice to the perineum and an alkali to secure its reaction on the urine.

Dr. Hollister mentions a case of chronic conjunctivis which was cured by the application of an ointment of Bin Iodide of Mercury to the outside of the eyelids.

THE WIDOW OF HAHNEMANN, who still retains all the freshness of her intellectual vigor, is residing at Munich.

PROFESSOR BUCHNER, the well-known author of a work on Morbus Brightii, has recently been decorated with the Wurtemburg Order of Olga.

NEW YORK STATE HOMŒOPATHIC SOCIETY.—The Seventeenth Annual Meeting of the Kings Co. Homœopathic Society was held at the Brooklyn Hospital, 95 Cumberland Street, May 13th, and W. M. L. Fiske, M. D., was elected President for the ensuing year. A committee was appointed to make arrangements for the semi-annual meeting of the State Society in September, consisting of A. E. Sumner, W. S. Searle, R. C. Moffat, W. M. L. Fiske, and J. L. Watson. This committee will do all in their power to make the meeting pleasant, and it is hoped that the attendance will be unusually large. The morning session will be held in the Council Chamber of the City Hall, where his Honor, the Mayor, will welcome the members in behalf of the City. At one o'clock, the President of the Board of Trustees of the Hospital will hold a reception at the hospital, when an opportunity will be afforded for an inspection of the building. A collation will be provided at this place, after which the afternoon session will be held in one of the wards of the institution. At six o'clock a committee of the lady managers of the Maternitié will hold a reception at their building, 48 Concord street, when supper will be served. The evening session will be held in the parlors of this institution, after which there will be a reception at the residence of the Chairman of the Reception Committee, Dr. A. E. Sumner, 130 Clinton street.

WATER AS A CAUSE OF TYPHOID FEVER—The Medical Department of the London Local Government Board has just issued an important report on the causes of typhoid or enteric fever in London. Of the various ways in which water may be made the vehicle for distributing the fever, the report gives the following as illustrations: "At Terling Place ten persons were attacked with enteric fever, and all these persons, and these only of a large family, drank water from a particular well into which it was discovered that a cesspool leaked. At Dicken-Bonent, in Essex, a certain well was polluted, and out of eighty-eight drinkers from that well, forty-two persons were attacked; while only one other person, out of a population of two hundred and six, in the village was attacked. At Nunney, a village in Somersetshire, having a population of eight hundred and thirty-two, Dr. Ballard records seventy-six cases of enteric fever as occurring in four months. The cases were limited in a remarkable way to families who obtained their water supply from a small rivulet which received the sewage of several houses up stream. At Hawkesbury Upton, in Gloucestershire, a village of six hundred and fifty-seven inhabitants, within a short period ninety-five cases and fourteen deaths from enteric fever occurred in groups, following the successive pollution of different wells in the village. Burbage, a village in Leicestershire, as recorded by Dr. Gwynne Harries, had an outbreak of enteric fever from the same cause last year. No one took the fever in the village except persons who certainly, or presumably, drank water from a particular pump, and every house supplied from this pump was subject to infection.

Original Articles.

CHOLERA.

By Egbert Guernsey, M. D.

From the east, the south, and the west, come ominous notes of warning of the existence in certain localities of that fearful epidemic which more than once has seemed to girdle the earth like a wave of death. Sweeping across the ocean, and over barren plains; mountain ranges have presented but little obstacle to its progress; against strong winds it has made its rapid way, striking down with its poisonous breath the denizen of the crowded city and the secluded hamlet. Meteorological conditions lead us to suppose that it will not make as rapid strides this year as in previous epidemics, and, perhaps, may not appear among us at all, but to those of us who have once witnessed its ravages, who have seen men stricken down in a few hours, the very fact of its existence as an epidemic upon our shores sends a thrill of terror to our hearts.

Notwithstanding the general belief to the contrary, we have reason to believe that the cholera has not, for the first time, made its appearance in Europe, and this country in the present century, but that under other names it has existed and been attended by great fatality in much earlier times. The *cholera morbus* of Sydenham, which was prevalent in his time, and of which he gives a pretty clear account, and the "*griping in the guts*," recorded in England in the mortality bills of 1665, and described by Willis, seem, from the description, to correspond with the disease supposed to have been imported from the east. He says: "The distemper came upon them on a sudden, and oftentimes without any manifest cause, and reduced the patients, by grievous vomiting, frequent stools, and these watery ones, in a short time to very great weakness, horrid faintings of their spirits, and destruction of strength. Their pulse was weak and slender, a cold sweat came upon them, and their breath was short and gasping; many of them died quickly of it."

The generally accepted theory of cholera has been that its birth-place was in India, where it prevailed occasionally from periods coeval with the earliest record; that in 1817, it suddenly appeared and raged with fearful violence in the delta of the Ganges, and from thence as a centre extended over the Indian continent. Here for a time it seemed to pause, as if weary of its conquests, or gathering fresh strength for its march. In a short time it spread into China, Ceylon and other islands in the Indian Ocean, and crossing the equator, broke out in the Isle of France. Here, upon the confines of Europe, it paused for several years. In 1829, six years after its first visit to Astracan, it reached Orenburg by way of Tartary, and spread rapidly westward and northward, following the course of the great rivers, and reached Moscow in September. The following spring it extended to Archangel, the most northern port in Europe, and along the border of the Baltic to Hamburg, and in October, reached the northern coast of England. The first epidemic in England extended from 1831 to 1832; crossing the Atlantic it appeared in this country the following year, and raged with fearful fatality. The next great epidemic, apparently following a similar course, appeared at Astracan in June, 1847, at Moscow in September, at Berlin in June, 1848, Hamburg in August, in England in September, and in this country in the spring of the following year. The epidemics of 1853, and the one following a few years later, notwithstanding their exceeding violence in some parts of Europe, seemed to have spent their force before reaching our shores.

Against the generally accepted theory of India as its birth-place, and its gradual spread by the germs being carried by persons, or in a dry state, from one place to another, dropping the poison here and there, and kindling into life, virulence and activity as the poison was set free by moisture and atmospheric influences, another theory has been advanced by a distinguished English scientist, founded on a communication to the Russian Imperial Academy of Science.

He holds that, instead of one "home" of the cholera in the delta of the Ganges, there are seven, all situated on or near the Tropic of Cancer, equally distant from each other, of which the most important is that at the mouth of the Ganges; the others are to the east of China, to the north of Mecca, on the west coast of Africa, to the north of the West India Islands, to the west of Lower California, and among the Sandwich Islands; that a reference to the map would show that the recorded appearances of cholera over the globe may be satisfactorily explained by supposing seven atmospheric streams, each 1,400 miles in breadth, to proceed from these foci in a north-westerly direction; and that at some periods, as 1833, 1850, and 1866, nearly all the streams were in activity.

Having pointed out the course of these streams on a map especially prepared, and showed how the disease moved within the limits of each, in both the north-west course and its south-east extension across the Equator, the author, in tracing in detail the course of the cholera in India during 1817 and 1818, called attention to a remarkable law which manifested itself, a law which he held was generally applicable wherever cholera appeared.

Although the course of cholera during 1817 was not very clear, still it is evident that it was north-west and south-west. The lull in virulence and advance which occurred in December, 1817, continued to March, 1818, when cholera broke out again just where it had ceased the previous December. The remarkable law which the author pointed out was that in 1818 the cholera advanced simultaneously in two directions, north-west and south-west, in such a manner that all the places attacked at any given time by its north-west advance were situated at right angles to all the places attacked at the same time by its south-west advance. This double advance is made evident by cutting a piece of paper square, placing a corner upon the map at Calcutta, and moving it across India in a direct line to Surat. In 1819 the cholera crossed the Arabian Sea to Muscat, and passed simultaneously through Persia, and up to 1823 advanced as far as Asia Minor and the Caspian, and then died out. In 1823, a fresh outbreak occurred in India; this steadily proceeded to the north-west, and halted in the west provinces of Russia in 1830, and the next year broke out in full force in the same locality, thus presenting a parallel to 1871–2, and went as far as Britain. By referring to the map it will be seen that all places

attacked by this stream of cholera in 1831 lie within the boundaries represented by two lines, one drawn from the southern point of India to the north of England, and the other from the Ganges through Orenburg to Archangel. The author having described with great minuteness the rise and progress of the other six streams, bringing the subject down to the present day, stated that Europe was liable to attacks from two great sources, India and Arabia: Russia and Northern and part of Central Europe coming under the influence of the Indian stream; Southern and Western and part of Central Europe under the influence of the Arabian. The curious cases of ships at sea being suddenly attacked by cholera, and, again, the instances of ships sailing along the coast of India being struck by the disease when at the same place, he explained on the supposition that they had been sailing within the limits of the cholera streams; for when they got outside the limits the disease suddenly ceased. He called attention to a fact worthy of mention, that all the places recorded by Dr. Gavin Milroy as unaffected hitherto by cholera lie outside these streams, or in their possible, but not actual, extension.

Having stated that he was prepared to give, in another paper on the origin of the disease which he was preparing, an ample explanation of some well-known points about cholera; such as its partial connection with the east wind, its following the course of large rivers, its greater prevalence on tertiary strata, alluvial tracts, and the deltas of rivers, and its comparative rarity on secondary and primary strata, the author proceeded: "It was not my intention at the present time to enter into the question of the origin of the disease; but having read a few days ago that Dr. Buchanan, in this very hall, congratulated the meeting on being able to number among the things of the past the time when the propagation of cholera was supposed to be due to all manner of cosmic and atmospheric influences, and on having 'reached a solid basis of fact and knowledge upon which further observation might be built with security,' I am tempted to declare that I for one maintain that this despised theory, which Dr. Buchanan fancies is buried and put out of sight, is the correct one. I maintain that cosmic influence lies at the origin of cholera—that cholera is intimately connected with auroral and with solar disturbances. I believe that I am able to show that a remarkable connection exists between the maxima and the minima of cholera epidemics and of solar spots; and in directing your attention to this map, on which I have represented graphically the amount of cholera and the number of sun-spots for the last fifty years, I wish to show that there is here also 'a solid basis of fact and knowledge upon which further observation might be built with security.' You are all probably aware that the great astronomer Schwabe discovered that the sun-spots have what is called a ten-year period; that is, there is a minimum of spots every ten years. It was also discovered that the diurnal variation in the amount of declination of the magnetic needle has a ten-year period. The same was proved in regard to earth currents, and also auroræ. The maxima and minima of the four were found to be contemporaneous. This was a great result, but Professor Wolf, on tabulating all the sun-spots from the year 1611, discovered that the period was not ten years, but 11.11 years. This period is now the accepted one for the sun-spots, and it has been established for the magnetic declination, and by Wolf for the auroræ. Now, it is a curious fact that the last year of every century, as 1800, has a minimum of sun-spots, so that the minima are 1800, 1811.11, 1822.22, 1833.33, &c. The maxima do not lie midway between the minima, but anticipate it by falling on the year 4.77 after a minimum; for example, 1800 was a minimum year, then 1804.77 was a maximum year. Now, cholera epidemics have, I believe, a period equal to a period and a half of sun-spots. Reckoning then from 1800, we get as a period and a half the date 1816.66, which was shortly before the great Indian outbreak; another period and half gives 1833.33, a year in which there was a maximum of cholera; another, 1849.99, that is, 1850, a year having a maximum of cholera; another, 1866.66, a year having a maximum of cholera; another, 1883.33, as the year in which there will be a cholera maximum. It follows from what has been already said that 1783.33 would be a year in which cholera was at a maximum. Now it is a fact that in April, 1783, there was a great outbreak of the disease at Hurdwar.

"I would call attention to the parallelism of increase and decrease of these curves. I am not, however, prepared to say that sun-spots originate cholera; for they may both be the effects of some other cause, which may indeed be the action of the other planets upon the earth and upon the sun. If that be the case—and I see no reason why it should not—we may then have an explanation of the minor periods and of the large period of 56 years, which Wolf believes he has detected, and also of the minor periods observed in cholera-epidemics.

"My own opinion, derived from an investigation of the subject, is that each planet, in coming to and in going from the perihelion—more especially about the time of the equinoxes—produces a violent action upon the sun, and has a violent sympathetic action produced within itself—internally manifested by earthquakes, and externally by auroral displays and volcanic eruptions; in fact, just such an action as develops the tail of a comet when it is coming to and going from perihelion; and when two or more planets happen to be coming to or going from perihelion at the same time, and are in, or nearly in, the same line with the sun—being of course nearly in the same plane—the combined violent action produces a maximum of sun-spots, and in connection with it a maximum of cholera on the earth. The number of deaths from cholera in any year—for example, the deaths in Calcutta during the six years, 1865–70—increased as the earth passed from perihelion, especially after March 21, came to a minimum when it was in aphelion, and increased again when it passed to perihelion, and notably after equinoctial day; thus affording a fair test of my theory."

Whatever may be thought of this theory, it is certainly ingenious, well-supported by facts, and worthy of careful consideration. Planetary influences undoubtedly exert a strong action upon the magnetic currents of the earth, and through them, partly through the atmosphere, produce their effect upon vegetable and animal life. The researches of science almost daily confirm many of the practical observations of the old Chaldean astronomers, who, from their watch-towers on the hills, watched the stars, and from their movements

read lessons of good or evil to the world. They reached conclusions through years of patient watching and careful observation. Their explanation of the facts observed was strongly tinctured with their mythology, in which every star and grove, its mountain and every river was peopled with their special gods, but the facts remain, nevertheless, to be confirmed to-day by the clear eye of science.

Sir Ranold Martin, after carefully reviewing the various theories on the production and spread of cholera, comes to the following conclusions:

1. That the disease spreads, through atmospheric influence or epidemic constitution, by a succession of local outbreaks, and that the particular localities affected are determined by certain *localizing conditions*, which are, first, all those well-known circumstances which render places insalubrious; and second, a susceptibility to the disease in the inhabitants of such places, produced by the habitual respiration of an impure atmosphere.

2. That the cause of cholera is a morbific matter, which undergoes increase only within the human body, and is propagated by means of discharges from the bodies of the sick.

3. It is believed that the poison is swallowed, and acts directly on the mucous membrane of the intestines, and is at the same time reproduced in the alimentary canal, and passes out much increased with the discharges, and these discharges afterward, in various ways, reach the alimentary canals of other persons, and produce a like disease.

4. Assuming that the cause of cholera is a morbific matter or poison, it is probably reproduced in the air, as well as within the bodies of those it affects, and that its diffusion may be due, to a certain extent, to the agency of the atmosphere.

5. It is believed that the cholera poison is increased by a species of fermentation or other mode of reproduction, in impure, damp, and stagnant air; and it is maintained that it, nevertheless, is distributed and diffused by means of human intercourse, being carried in ships and other vehicles, and even in the clothes—especially in the foul clothes of vagrants and the accumulated baggage of armies.

6. It is assumed that the material causes of the disease may be increased and propagated in and by impure air, as well as in and by the human body.

All of the theories agree that cholera is induced by a special poison, and most of them that this poison is of foreign extraction, reaching our shores and extending from point to point by means of direct human intercourse, by positive or individual contagion, or sweeping from point to point from some of its great breeding centres, by a kind of wave-like extension.

The general theory is that it is not directly contagious in the general acceptation of that term, but that the poison germs are developed or vitalized as the emanations from the body, especially through the bowels and stomach, are acted on by atmospheric influence and local conditions. These germs do not immediately develop their poison, and may be destroyed by proper precautions and the free use of the necessary disinfectants. The soiled clothes may be washed immediately, as a general thing, without communicating the disease, but thrown one side for a short time, the poison is developed; especially in a moist air or in the process of washing. The germs are undoubtedly carried from place to place through articles of clothing in a dried condition. We know that this condition entirely protects organic bodies from certain molecular changes, so that as long as the clothes are in a dry state, no definite limit could be stated as to how long the morbific agent might retain its specific powers. Thus, a single case might give rise to a wide-spread infection.

We can readily see then, how, in thickly populated localities, the seeds of the poison may sweep through the streets in the form of cholera dust rising from the soil and even the clothing in which it has found a lodging, how it may lurk in the damp alleys and dirty streets and houses, and be swept on in a rushing tide of death through the sewers, from one end of the city to the other.

Meteorological conditions and localizing causes have much to do with the development and spread of cholera. Those who remember the fearful epidemic of 1849 fail to recognize this summer those peculiar meteorological conditions which existed then. The stagnant atmosphere, the rapidity with which all animal matter decomposed, and the evident lack of vitality in the air, do not exist this summer, especially in the northern part of the country, and unless some very marked change speedily takes place, the danger of a great epidemic this season will be slight.

According to the delicate and accurate observations of Mr. Glaisher, the three visitations seem to have been remarkably similar, except in temperature, and especially as to the condition of the atmosphere which was thin in high places and dense in low, the absence of motion in the air, high readings of the barometer, and a total absence of ozone. Such conditions favor the chemical decomposition of organic substances, the stagnant air failing to decompose and disperse into space the products of decomposition. In the epidemic of 1849, and to a less extent in the two following epidemics, because they were less severe, the cholera was preceded by a severe form of diarrhœa, choleric in its character, and followed by a malignant type of dysentery, which often assumed a typhoid character. During that summer I was practising in a country town through which the Hudson River Railroad was then being built. Within a circuit of eight or ten miles were several large manufacturing villages, while here and there were interspersed the beautiful country seats of the wealthy. In all this region there was scarcely a house in which disease in some form did not enter. All the medical men were busy night and day. In the commencement of the epidemic my own practice, which was homœopathic, was particularly successful, so that, as the disease spread through the surrounding country, my labors increased. My wife has since informed me that for four months I did not sleep in my bed a single night without being called out. In fact most of my sleep was taken in my carriage.

Symptoms of Cholera.—We recognize in cholera two distinct stages: The stage of invasion, rapidly running into the cold, pulseless, or asphyxiated stage, and the febrile paroxysm which follows it. The invasion is usually sudden where the disease is violent, although it may have been preceded by slight diarrhœa for several days. The patient is stricken down as by a blow, and finds

himself passing in a few hours from a state of comparative health to an almost total extinction of all the vital powers. The cold stage varies from a few minutes to several hours, while the hot stage, which often rapidly assumes a typhoid condition, may last from a few hours to three or four weeks. So sudden is the attack and course of the disease, that in a few hours from the first invasion the patient is often cold in death. In the epidemic of 1849, I remember a young man, about twenty, of strong, vigorous constitution, whose voice, in the closing anthem of the Sunday morning service, was noticed to be unusually clear and strong. He went to his home across the street, was stricken down with cholera, and in three hours was dead. What weapons are there in the armory of any school to cope with an attack like this?

The disease is, as I have said, frequently, though not always, preceded by a painless, watery diarrhœa. Suddenly he is attacked with sickness and vomiting and a profuse diarrhœa, like rice water with small flocculi floating in it (although in rare cases, the cholera sicca, there is no diarrhœa), gushing from him in torrents, as if all the fluids in the body were escaping, followed by an extreme sense of exhaustion, the patient sometimes fainting or staggering like a drunken man to reach his bed. No wonder he is exhausted, for this is a hemorrhage of the serum of the blood, and the vital forces sink as if the crimson tide was pouring out from an artery or vein. The temperature sinks below the normal standard. The skin becomes shriveled, is icy cold, and a cold, clammy perspiration starts out from every pore; the cheeks are hollow, the lips livid, the eyes sunken, the face sharp and pinched, the breath cold, and the voice hoarse as he tosses about and constantly pleads in that sepulchral voice which seems to come from the grave, for water. The cup is clutched eagerly and the water drunk, only to be thrown from the stomach, giving no relief to the burning, consuming thirst. Now comes on the fearful cramps in the toes, the arms, the legs, the abdomen—the result of the abstraction of the fluids of the body and the lack of arterial stimuli—causing the patient to shriek and groan in agony. While every other organ of the body seems rapidly sinking into ruin, the brain retains its clearness almost to the last breath, being the last to yield to the touch of death. After death the temperature of the body usually rises and the form loses, to a certain extent, its shriveled and shrunken appearance.

If the patient survive the cold stage, he may rapidly recover, but it is usually followed by a febrile stage, lasting from a few hours to several days, and often assuming a typhoid type; as it assumes this form, the tongue, at first white, soon becomes dry and brown, while the lips and teeth are incrusted with black sordes. The eyes are red, the cheeks flushed, the pulse rapid, but the temperature but little above the normal standard. These symptoms speedily disappear as the patient becomes delirious or comatose; the disease, if fatal, terminating in the usual manner of typhoid fever. In the cold stage of cholera the blood is of an unnatural dark color and thick consistency, but as the febrile stage comes on, the quantity of the serum increases until it becomes more abundant in the blood than natural.

Pathology.—The liver and spleen are engorged with blood, even the bones looking as if they were stained with madder. The bladder is contracted and empty. The membranes of the brain and cord congested and dotted with *puncta cruenta*. In the lungs the blood is found chiefly in the large vessels, although sometimes the minute structure is filled. The right side of the heart and the pulmonary arteries are generally filled, while the left side and aorta are usually empty. This is the appearance of the body when death has occurred during the cold stage. In the hot stage the blood is recalled to the surface of the body, and the livid and shrunken appearance disappears.

Treatment.—In no disease is the benefit of a treatment based upon scientific principles more apparent than in cholera. The Allopathic school, with no principle to govern them in selecting of a remedy, find themselves reduced to general theorizing, and their remedies are almost as varied as the individual prescribers. Dr. Bushnan, in a little work published in London in 1850, on cholera and its cures, gives the following graphic picture of his own school. "The remedies," he says, "defy classification. Omitting for a moment the complex method by which cholera was to be vanquished, what were the simple specifics that were to infallibly cure the fearful enemy.

"Water of every temperature. Wrap the cholera patient in a cold sheet, says one. Dash cold water repeatedly over the sheet in which he is enveloped, says another. Ply him well with cold water internally, says a third. Freeze him: cool his blood to thirty below zero, adds a fourth. Fools that ye are, exclaims a fifth, thus to treat a patient half dead with cholera—I say, wrap him in sheets soaked in boiling water, and having thus half cooked the shivering wretch, conclude the process by placing him over the boiler of a steam engine.

"Sage advice, learned Thebans! The blood is dark and the surface cold. 'My theory,' shouts one man, 'is that oxygen reddens the blood, and by its action on that blood generates heat; therefore make the patient inhale oxygen.' 'Nay,' rejoins another, 'the blood in the lungs is too bright; oxygen has nothing to do with the generation of heat; stifle him with carbonic acid.' 'There are cramps present, which cause much suffering, and therefore are they the symptom especially to be treated. Chloroform annihilates pain—let him breathe chloroform.'

"'It is evident,' avows one sapient doctor, 'that there is no bile in the stools; therefore calomel should be administered.' 'It is plain,' says another, 'that diarrhœa is the great evil; therefore let him have opium—that is the drug which effectually prevents a free flow of bile.' 'He is cold and depressed—what so natural as to stimulate.' The wisdom of the proposal is proved by the numbers who recommended its adoption—the folly of the many is manifested by the proportion who died under the use of stimulants. 'Give him alkalies,' vociferates one man. 'Nay,' says another, 'lemon juice and acid are the true remedies.'

"'It is simply a stage of intermittent fever,' maintain some; 'therefore,' they add, 'the drug for its prevention and its cure is quinine. 'Not half potent enough,' whispers a supporter of the same theory, 'give him arsenic.'

"Certain fanatics refused the use of medicine, but, in the course of their religious mummeries, administered to the credulous a cup of olive oil. A patient recovered, and 'Eureka' shout the popu-

lace. *Vox et praeterea nihil*, say those who wait awhile before they decide.

"Opium, in one man's mind, is a specific in small doses—the twentieth part of a grain, frequently repeated. 'Nonsense,' says another, 'opium is a specific, but let it be given in doses of from six to twelve grains.' The latter has one advantage: if the power of absorption yet remains to the stomach, the patient will assuredly be saved all further pain. and, if he be a good man, mercifully provided for in a better world.

"'Calomel is the specific that will stay every symptom of the cholera, bring back the pulse, and restore life almost to the dead, if given,' says one, 'in twenty or thirty grains at a dose.' 'No,' says another, 'give it in that way and you will kill the patient. It must be given in small doses at short intervals.'

"Then come other infallible specifics—pitch, sulphur, phosphorus and carbon; gold, silver, zinc, and lead; strychnine, salicine, morphine and cannabine; hachshish and zeorabia; abstraction of blood and injection of blood; perfect repose and incessant motion; to the skin irritation the most severe, applications the most soothing; stimulants the most violent, sedatives the most powerful."

From this picture of the *intelligent ability* of a great school of medicine, claiming in its ranks all the science and all the regularity in the medical world, to cope with a terrible pestilence, we turn to the treatment of the homœopathic school. With much to learn both about the nature of the disease and the character of its treatment; failing often where, with a more thorough knowledge of the malady and the remedies, we should succeed; still we can point to more positive results in treatment than any other school, and a unanimity of action in investigation and treatment based upon scientific laws.

During the prevalence of cholera, particular attention should be paid to the general health; cleanliness and careful ventilation, at all times desirable, are now of especial importance. We should see that, as the peculiar condition of the stagnant air causes quick and rapid decomposition of animal and vegetable matter, no food should be used with the least possible taint or decay. While the bowels should be kept open, violent cathartics should be avoided, and the first symptoms of that watery and painless diarrhœa, which sometimes precedes the direct cholera attack, carefully looked after.

Ipecac., Veratrum, and Camphor are all capital remedies for the premonitory symptoms of diarrhœa, the Ipecac. sometimes relieving also the nausea of the disease itself when the purging is not excessive, The first remedy thought of in the genuine attack of cholera is, undoubtedly, *Camphor*, but to be of any benefit it should be given several drops at a dose, and often repeated. I have stated on another page my experience in an accidental case of poisoning by *Camphor*, the symptoms closely resembling those of cholera.

Veratrum is indicated from the commencement, and I have generally given it after a few doses of Camphor have first been administered, if I failed to get from that drug the desired effect. When the disease has so far advanced that the pulse has become almost extinct, and the dull apathy of the patient shows that the powers of reaction are fast waning, the drug ceases to produce any beneficial result.

I usually alternate *Cuprum* with Veratrum all through the vomiting, diarrhœa, and spasms, continuing its use in the frigid and asphyxiated stage. The spasmodic twitching of the fingers and toes, the agonizing but ineffectual effort to vomit, the loss of consciousness, all point to this drug as indicating the approaching general paralysis of the organism. I prefer the Acetate of Copper to the Metalic, and never give it higher than the second attenuation.

The indications for *Arsenicum* are sudden and rapid prostration, intense thirst, with constant vomiting of everything taken into the stomach, burning in the region of the stomach, and great anguish.

The *Hydrocianic Acid* is also indicated in sudden and violent attacks, where the whole organism seems to be paralysed in its action and sinking down in hopeless ruin from the first blow. If it does any good its action will be prompt and decided.

In the *collapse stage*, we at once recall by the vivid picture before us, the poisonous action of *Aconite*. The deadly chill, the pale face, the dilated pupils, the quick and contracted pulse sometimes scarcely felt, and the tetanic spasms give us a startling picture of *Aconite* poisoning. This drug is used by many of the *India* and *Southern* physicians in the terrible congestive chill, which seems at once to paralyse the centres of life, destroying consciousness from the outset, and unless promptly relieved, speedily terminating in death. It will sometimes check the march of the disease when every other remedy has failed, but it should be given in decided doses, and often repeated. Twenty drops of the tincture in a glass half full of water, and a teaspoonful every ten or fifteen minutes is not too much in these urgent cases where death seems to be hovering at the threshold. I have saved cases with this drug given in this way, which seemed to be entirely hopeless, and experience in a matter like this, founded on scientific premises, outweighs a host of fine-spun theories formed in the quiet of the study.

The incessant call for drink had best be met with crushed ice, toast water, rice water, carbonic acid water, and sometimes iced champagne, or brandy and ice, given a little at a time and often repeated. Warm blankets and friction are useful to keep up the circulation and relieve the fearful spasms and cramps. As soon as the vomiting has subsided, easily digested food requiring but little action of the stomach, can be given a little at a time, carefully feeling the way.

The treatment of the typhoid stage is that usual in typhoid fever.

I have said the poison germs can be destroyed by the prompt use of appropriate disinfectants. Ten pounds of Sulphate of Iron (copperas) should be dissolved in five gallons of water, and to this should be added half-a-pint of common carbolic acid. A small quantity of this should be constantly kept in the vessel which is to receive the discharge. A pint should be poured into the water-closet three or four times a day. The seats and floor of the water-closet should be washed with carbolic acid, an ounce to the gallon of water. Clothing, sheets, and towels from cholera patients should be at once boiled or thrown into a tub of water, in which has been dissolved eight ounces of Sulphate of Zinc, with one or two ounces of Carbolic acid to every

three or four gallons of water. Fresh stone lime should be placed in damp closets and in cellars, and offensive gases destroyed by Chloride of Lime. These precautions are essential to aid in checking the progress of the disease, and will materially help to stay its advancement.

OBSERVATIONS ON OVARIOTOMY.

By Dr. Ad. Maylander.

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(Translated and Condensed by W. N. Guernsey, M. D.)

Dr. Ad. Maylander gives in the *Allgemeine Homœopathische Zeitung* a series of interesting articles on ovariotomy, from which we cull the following:

By far the most frequent cause of a fatal termination, after the operation of ovariotomy, is the occurrence of peritonitis. This, in the majority of cases, is not of the diffuse form. Nevertheless, it runs a very rapid course, and collapse speedily sets in, appearing shortly after the operation—*i. e.*, within the succeeding thirty-six hours. Its outbreak is announced by a rapid and persistent elevation of the temperature to over 38° (100½° F.), continuous green vomiting, and the sensation of great anguish.

In medical practice such cases are rarely observed, except in those instances of perforation where septic matter has penetrated directly into the peritoneal cavity from the stomach or the intestines; while, on the contrary, simple peritonitis, when treated early is, at least according to my experience, not to be reckoned among the most rapid or dangerous of diseases. Also, the peritoneal inflammations which follow surgical operations where the peritoneal cavity is not opened, ordinarily run a favorable course even in the severe cases where the exudation is profuse, and it undergoes purulent degeneration. *It is evident*, therefore, *that the admission of the atmospheric air into the cavity of the peritoneum must be regarded as the engendering cause of the septicæmia which so closely follows.* The influence of the same upon the decomposition of the secretions which exude from the wounded surfaces must be rated as very great.

In 144 cases of ovariotomy that terminated fatally from peritonitis, which I gathered from the books accessible to me and from my own practice, the autopsy revealed diffuse peritonitis in only a very small number of them. Death occurred in twenty-two cases within twenty-four hours, in forty-six cases within two days, thirty-two times on the third day, twenty-three on the fourth, ten on the fifth, four on the sixth and seventh, twice on the eighth, and once on the ninth. Some of the older physicians have surmised that the stormy (*foudroyante*) course of septic peritonitis might have its foundation in the peculiar arrangement of the lymphatic vessels of the peritoneum, as rarely in any other portion of the body does the septic process run its course to a fatal end in such a violent manner. The old theory advanced by Mascagni that serous cavities were in direct and open communication with the lymphatic vessels was partly confirmed by the experiments of Von Recklinghausen, Schweiger-Seidel, Ludwig Dybkowsky and Dogiel upon rabbits, dogs and frogs.

According to Von Recklinghausen the lymphatic vessels of the central tendon of the diaphragm of rabbits are in direct union with the peritoneal cavity through apertures twice the size of a blood corpuscle. Further experiments show that these openings, both during life and directly after death, not only admit liquids but take up finely-divided particles of cinnabar, and madder as well as milk globules, blood cells, &c., and that a spontaneous injection of the lymphatics with these substances result, if they are placed within the peritoneum of a living, or upon the epithelium on the under surface of the diaphragm of a slaughtered animal. The great probability that there exists in man a similar distribution is of great importance in practice, and especially of moment to the ovariotomist. It prompts us to seek for a remedy which would paralyze the action of the lymphatics opening into the peritoneum so that they could not suck up for a time any substance from that cavity. Then we would be able to escape the most immediate and greatest danger of a direct and general septic infection within the first two or three days after the operation.

This question, more than two years since, engaged my attention, when an ovariotomy in Halle ended fatally within twenty-four hours after the operation. Reference was made at the time by Professor Volkmann to an experiment with the Calabar bean for the purpose of attaining this end. Unfortunately, at my next operation, I did not have a good and reliable preparation with me, and so I failed to make any experiment with it. I deeply regret that we have as yet no physiological provings of the Calabar, and would earnestly urge that they should be made. Among the effects produced by the Calabar bean which are known at present, aside from its well-known action of contracting the pupil, that of its causing contraction of organic muscular fibres seems to be most firmly established.

Here the establishment of the fact that at least the larger lymphatic vessels contain not only contractile but unstriped muscular fibres is of great importance. Kölliker's experiments in reference thereto are of great interest, and show that the lymphatic vessels are possessed of three layers. First, an *Intima*, composed of the epithelium, and a single or double layer of connective tissue, with fibres running lengthwise, which, according to Weyrich, are wanting in the lymphatics of the messentery, yet are always found, according to Kölliker, in those of the lumbar plexus and in the extremities; second, a *Media*, formed of unstriped muscular fibres which run circularly across the former, and of fine elastic fibres which also run in a similar direction; third, an *Adventitia* of connective tissue, running longitudinally, a thin network of fine elastic fibres, and a great number of oblique and longitudinal bundles of unstriped muscular tissue.

With these facts in view, I made, in the case narrated in the previous article, the first experiment known with the administration of Calabar bean, as a prophylactic; I administered the tincture of Calabar bean, 1.10, as preparatory treatment, three days previous to the operation. On the first day I gave one drop every three hours, on the second two drops, and on the third three drops as a dose, at similar intervals. Although I am not so sanguine as to draw extensive conclusions from the happy termination of a single operation, yet the very

favorable result attained in spite of a complication of inauspicious symptoms, encourages further experiments. In the case mentioned above, although her constitution was greatly reduced by having been tapped six times, and the withdrawal of about 150 pounds of richly albuminous serum, in spite of almost the entire adhesion of the tumor, and the considerable hemorrhage into the peritoneal cavity at and after the operation, and notwithstanding the ligatures were perhaps too sparingly used, there resulted, neither during the operation nor the whole after-treatment, no fever worth mentioning, nor the slightest sensation of pain.

The patient, throughout the whole time, felt perfectly well, not even having suffered from intestinal catarrh.

The objection might be raised that the opening of a diseased peritoneum, especially of one where extensive adhesive inflammation had previously existed, is ordinarily less dangerous than in those relatively healthy, as in similar circumstances, the opening of a diseased joint is infinitely less dangerous than that of a healthy one. (We will not speak here of the supposition that in synovial cavities there probably exists a similar direct inosculation of the open lymphatic vessels, as in serous sacks; and that the principal danger of opening joints and the admittance of atmospheric air and the ensuing inflammation probably arises from the direct and unimpeded absorption of pyogenic matter.) There are many who maintain this view, although the majority do not coincide with it. It is a fact that in by far the greater majority of successful cases of ovariotomy, there have been either very little or no adhesions present; and, moreover, that in those cases where the peritoneum showed evidences of disease, even where no adhesions existed, the operation of ovariotomy has almost always ended fatally. The question is to be only decided by further experiments and statistics. As yet, the presence of extensive adhesions of an ovarian tumor, even when they are not inseparably attached to important organs, is not regarded as of more favorable import for the prognosis.

I would advise that in every case Calabar bean be given forty-eight hours previous to the operation, experimentally as a prophylactic against septic peritonitis. I would give it in the after-treatment also, administering three drops every three or four hours. If the temperature should rise within the next few hours after the operation, I would alternate it with Aconite, 2 or 3. If within the next sixteen or eighteen hours no considerable elevation of the temperature occurs, or if it abates to nearly its normal condition, I would discontinue the Calabar, and give Aconite and Arnica alternately every two hours. With the first appearance of pain, I give Morphine promptly. It is also the most efficacious remedy in relieving persistent nausea and repeated vomiting.

Cod Liver Oil Pills.—Dr. Van der Court, of Brussels, prepares cod liver oil pills by adding, carefully, pulverized slacked lime to the oil, little by little, until the consistency for forming into pills is obtained. Of this mass he gives four or five grains at a dose. This remedy he considers in many respects better than the liquid oil, especially in the early stages of consumption and in its chronic form.

CLINIC OF THE BROOKLYN HOMŒOPATHIC EYE AND EAR INFIRMARY.

In Charge of W. S. Searle, M. D.

Case 1.—Dec. 28. Delia R., æt. 27, has noticed that her vision had diminished during the past month. V. r. 10.70 l. 10.10, Read's J., No. 5, but only at 10″. Amount of myopia undetermined. Milliary conjunctivitis in both eyes. Lids feel heavy and droop. At times sharp, darting pain in r. eye. Ophthalmoscope shows chorioretinitis on this side. Left normal. A. good. B. regular. Complains of a dazzling sensation on looking too long at an object. No headache. ℞ Zinc Met. 3, 3 hrs. January 3d, reports no better. ℞ Spig. 3, 2 hrs. 22d, better, but r. eye still cloudy. Has lately noticed a yellow halo around the gas-light. ℞ Santonin 3, 2 hrs. March 1st, reports that she soon became quite well. Now has a cold, which has occasioned much photophobia and lachrymation, with pain of a darting character in the right eye. ℞ Spig. 30, 3 hrs. Did not return.

Case 2.—Flora W., æt. 5, when an infant, had ophthalmia neonat, which resulted in perforating ulcers of both corneæ. These have been healed for years, but the consequent leucomae being nearly central, vision is so far lost in the left eye as to render it practically useless; while in the right eye there is only a border of clear cornea left, about one line in width. There are, of course, anterior synechæ in both eyes, but in the left, the lower border only of the pupil is implicated. Nystagmus is present in an exaggerated form.

Iridectomy was made (December, 1872) upon the left eye from above and was successful. At the present writing (June, 1873) it is impossible to tell the exact amount of vision, because of the still tender age of the child; but she readily distinguishes objects of half a line in diameter. The case is simply mentioned to record the curative effect of the operation upon the nystagmus. The eyes now roll only when the child labors under mental excitement.

Case 3.—March 5th. Ed. F., æt. 11, was brought to the Clinic. He has suffered for years with recurrent phlyctenular keratitis. Has now a central *ulcus* on the left cornea. There is much bland lachrymation with acrid coryza. The eye burns, and feels "as if it were going to drop out." There is intense photophobia with some ciliary neuralgia. Tongue too red—a diffuse redness, but more in the centre; thick, yellow coat at the root. He is pale and thin from confinement and protracted suffering. No glandular swelling, but he is evidently scrofulous, as are nearly or quite all patients who suffer with this and similar diseases of the eye.

Bell. 30, and Euph. 30, were given with rather fitful improvement until March 23d, when nothing remained to mark the sight of the ulcer but a small leucoma; all other symptoms had vanished. Improved nutrition had followed upon a diet of milk, meat and eggs, and fruit, together with more exercise, and he looked like a different boy. ℞ Hep. 30, 3 t. d. March 29th, leucoma rapidly disappearing.

I do not look for a recurrence of the disease in this case, because of the improvement in general health. We may ridicule the idea of Psora, but call it what you will, there is a constitutional condi-

tion back of this disease which must be changed before a radical cure can be effected. Hence the allopathic treatment, by the instillation of Atropine, and of the "yellow ointment," affords only a temporary relief and one not speedily obtained often; while the homœopathic treatment, being adapted to the modalities of each case, cures not only more speedily but thoroughly.

Case 4.—May 21st. Mary Coffee, æt. 27, has noticed failure of sight for three years; and during the past six weeks (having been sewing quite steadily) she has pain of a burning, smarting character at the back of the globe of both eyes. When she attempts to sew, she feels "as if the eyes would burst from their sockets." Has most pain in the left eye. Is hypermetropic ½ 4, V. l. 10.10, r. 10. 70. Ophthalmoscope shows hyperæmia and a blurred appearance of the r. optic disk. Left is normal. To use × 20 glasses, and take Ruta, 3, every three hours. April 1st, vision perfect with glasses, and no pain.

Case 5.—April 23d. Edith F., æt. 14, has recurrent phlyctenular keratitis. Has had it for years. It now affects the left eye. Is pale and thin. Since six weeks has loss of appetite. Desires acids. Has pain in the long bones at night. Hyperæsthesia of the surface of the thorax, with short, hacking cough. T. feels often as if it had been burned. Menses regular, but the flow is venous. Feels best in cool air. ℞ Mez. 30, 3 t. d. April 28th, eye well and general health much better.

April 10th. Mrs. P., æt. 40, has noticed since two weeks that the vision of the right eye was dim. Oblique illumination shows an exquisite case of keratitis punctata. Has right frontal headache, T. moist and white, prominent red papillæ on the tip. ℞ Bell. 30, and Merc. S. 30, alternately, every 2 hours. April 14th, better, ℞ same every 3 hours. April 23d, better, Hep. 30, 3 t. d. April 29th, reports well.

Case 6.—January 11th. Hannah K., æt. 5, two years ago had scarlet fever, which left her with an otitis media purulenta. There is a thick, yellow and somewhat offensive discharge. H. d. for watch, contact on both sides. Has also pityriasis of the scalp. ℞ Merc. S. 200, 3 t. d. and the following, which is to be dropped in the ear after syringing each night: ℞ Argent, Nit., grs. v., Spiritus Vini, Aquæ, aa ℥ss. m. January 16, better, discharge less, ℞ same. January 30, better, some pain in the ear. A little discharge which is very offensive, ℞ Hep. 3, and Puls. 3, every 2 hours. February 25th, no discharge until a little to-day. Scalp same. ℞ Psorin 30, 3 t. d. Did not return.

Case 7.—March 24. George F., æt 4., since three days, has acute otitis media of both sides. H. d., uncertain. Both m. t. much injected. Pain worse at night, but continues during the day. T. dry and red. Lips very red. ℞ Bell. 3, Merc. P. 3, 2 hrs. Glycer. ℥ iv. & Acon. o gtt. × to be dropped in the ears. March 30, reports well.

Case 8.—March 24. Hannah B., æt. 8, is deaf since one year. The speculum shows chronic aural catarrh. Hears better after blowing the nose H. d. 8″ on each side. Pharynx red with some nasopharyngeal catarrh. Politzer ×, ℞ Merc. Prot 3, 3 t. d. March 28, better. H. d., r. 10″ l. 1′ ℞ Hep. 3, n. Puls. 3, 3 t. d. April 5, H. d. normal. ℞ Sulph. 30, n. o. m. and discharged.

ABBREVIATIONS.—H. d. = hearing distance. Politzer ×. = improvement after the use of Politzer's method. 1″ = 1 inch 1′ = 1 foot. T.= tongue. A. = appetite. B. = bowels. J. = Jaeger's test type. V. = vision. × 20 glasses = convex 20.

CLINICAL SURGERY.

PIROGOFF'S OPERATION.—PERFORATING RUPTURE OF THE PERINÆUM.—GANGLION, HYDROCELE AND NÆVUS TREATED BY ELECTROLYSIS.

By JOHN C. MINOR, M. D.

Pirogoff's Operation.—A. M., a girl 16 years old, came under my care May 1st, 1866, for caries of the bones of the right foot. A year before, she had, while running barefoot in the country, stepped upon a sharp spicula of bone, which penetrated the plantar fascia and tissues of the foot. This accident had been followed by extensive inflammation; the pus burrowing among the tissues surrounding the metatarsal bones and giving rise to intense pain and grave constitutional symptoms. When I first saw the patient she was in the last stages of exhaustion, wasted to an extreme degree from the profuse discharge and from suffering; she was so reduced by hectic fever and by the causes I have mentioned that she was unable to sit up even in bed, and the friends and family had abandoned all hope of her recovery. On examining the foot I found it enormously swollen. The integument and plantar fascia had been entirely lost by sloughing, except that portion just beneath the os calcis. There were several fistulæ leading down to the diseased bones and the probe at once revealed a carious condition of the tarsal bones, with the exception of the calcaneum and astragalus, and the metatarsus appeared to be necrosed. Under these conditions amputation was the only proper treatment, but the patient was in such a precarious state that I dreaded the effect of surgical shock upon her feeble system. Having carefully considered the case, I expressed the opinion that she would probably die from the shock of the operation, but that nevertheless there was a certainty of a fatal result unless amputation was performed, and hence I felt it to be my duty to advise the operation as the only chance for life. The patient decided the matter herself by requesting me to operate at once. Pirogoff's method appeared to me best suited to the case, and accordingly I proceeded on the same day to operate in the following manner: The patient being placed on the operating table and having been brought fully under the influence of chloroform, an assistant grasped the leg firmly with both hands just above the ankle, while I held the foot in my left hand. With a strong scalpel I carried my first incision from just in front of the external malleolus down, across the sole of the foot and up on the opposite side, to a point about a quarter of an inch anterior to the inner malleolus, cutting down to the bone and dividing all the tissues, as far as possible, with a single stroke of the knife. Another firm sweep of the knife above, from one malleolus to the other, giving a semilunar shape to the flap with the curve downwards, opened the tibio-tarsal articulation. A narrow-bladed knife

now divided the lateral ligaments and opened the joint freely, so that the astragalus was easily forced out of position by depressing the foot. A few more touches of the knife to ligaments and cartilages cleared the way so that I could place the saw behind the astragalus upon the os calcis, with the foot still strongly flexed downwards. A section of this bone was now made, beginning just in front of the tendo-achillis and following the lines of the first incision downwards and outwards. All the connections having been thus severed, the mass was now removed. One artery, the anterior tibial, was ligatured, but there had been only a slight hemorrhage from the operation, which had been executed with great rapidity. On bringing the parts into apposition, I found that the tension from the tendo-achillis was so great that I at once divided it by the ordinary operation of tenotomy, and found, to my gratification, that all strain on the flap was instantly relieved. It occurred to me that, instead of sawing off the projecting heads of the two malleoli, I might, by slightly gouging their internal facets, fit the portion of the os calcis contained in the flap between the two bones. This was accordingly done, and the appearance of the stump was materially improved. The sutures were now inserted, a light dressing, of lint spread with simple cerate, applied to the part, and over this a bandage. The patient was put to bed with two pillows under the leg, so as to give it an elevated position. There was no after treatment other than changing the dressings once a day. There was not the slightest evidence of surgical shock; no perceptible inflammatory fever followed, except a slight febrile action for a few hours' duration on the third day. The parts healed by first intention, and the patient increased so rapidly in flesh and strength, that in four weeks from the time of operation, I failed to recognize her. The stump proved to be not only shapely in appearance, but extremely satisfactory for purposes of locomotion.

A Rare Case of Perforating Rupture of the Perinæum.—In October, 1870, I was suddenly called one night by Dr. Dowling, to attend a case of rupture of the perinæum that had just occurred in one of his patients. The patient, Mrs. S., 22 years old, had just given birth to her first baby, a fine, healthy child weighing about eight pounds. The labor had been extremely rapid, so precipitate that the child was born before the doctor arrived. Upon coming to the case the doctor ascertained that the head had presented, and, upon examining the patient to see that everything was all right, he discovered an extensive rupture of the perinæum, for which he advised immediate surgical care, and accordingly called me to the case.

A careful examination revealed a peculiar condition of the parts. The vulva was intact, and so small that it was evident that the child had not passed through the natural outlet. To the left side of the vulva was a large rent, about three inches long, extending downward and inward, obliquely, to the anus. The fingers inserted in this laceration externally, and following it internally, appeared in the left side of the vagina, about an inch and a-half from the vulva. The vaginal orifice, the rectum, anus, and even the sphincter ani, were free from injury, although the lower part of the rectum, for about two inches, was laid bare as though by a careful dissection.

I had read of such cases in the writings of Velpeau and Coster, but had never before seen an example of perforation of the perinæum, for such, in fact, was the nature of the case. When the anatomy of the parts is considered, it appears impossible that a full-sized baby could be born through a laceration of the perinæum without any lesion of the orifice of either the rectum or vagina, and without an extension of the laceration below the level of the anus.

As to the cause of the rupture, in the absence of direct observation I can only hazard an opinion. It is possible that an abnormally rigid condition of the vulva might, from its inability to expand, divert the head so that the perinæum would be perforated. But in this case, although the vulva was rather small, it was not abnormally so, and so far as the vaginal orifice was concerned, I failed to discover any cause for the accident.

We must therefore look for some other cause, and in the absence of any pelvic deformity, for the patient, though small, was well formed, we must conclude that the uterine forces operated in the wrong direction upon the perinæum, owing to some peculiarity in the position of the head. In occipito-posterior positions of the vertex, we find that the pressure upon the perinæum is greater than in the anterior positions of the occiput, because a greater power is required to force the occiput forwards, on account of the extreme flexion of the cervical portion of the spine, which prevents a direct action of the uterine force. The uterine contractions, in these positions, force the occiput directly backward, and the direction is changed by the curve of the sacrum and coccyx. The expelling force acting thus indirectly, becomes necessarily augmented in order to bring the occiput forward, and the force only becomes direct when the occiput has been crowded up to the perinæum. The uterine contractions act with increasing power as the occiput advances towards the vulva, because the curvature of the vagina becomes greater from the pressure required to force the occiput up-hill, as it were, from the coccyx to the vulva. At this period of the occipital advance, the rupture or perforation of the perinæum is most likely to occur, and hence, I find the solution of the occurrence in an occipito-posterior position of the head combined with a precipitate labor.

The treatment of the case consisted in placing the parts in apposition, and retaining them there by three deep, quilled sutures of lead wire, and six superficial sutures of silver. The patient rapidly recovered, with no bad symptoms or unpleasant results.

Ganglion, Hydrocele and Naevus treated by Electrolysis.—In the treatment of some surgical diseases I have made use of electrolysis, from a desire to study the range of cases to which that method of treatment was applicable. In ganglion I have used it once only. The patient, a colored woman, had a small one on the back of the wrist. I passed one needle into the cyst, and connected the needle with the negative pole of the battery, the positive sponge being applied to the skin over the ganglion. The current was transmitted from six cells for about two minutes. The patient complained of the pain so much that I withdrew the needle, and told her to come again in a week and I would remove the cyst in another and less painful way. She came back at the end of a week to show her wrist. The ganglion

had disappeared. This occurred two years ago, and since then, although the result was satisfactory, I have never resorted to electrolysis in these cases, because I have never failed to cure the trouble by a much quicker and less painful method. I follow the treatment advised by Mr. Skey, which consists in evacuating the entire contents of the cyst and bringing the opposite surfaces into close apposition with each other. The method of operation is as follows: Bending the hand forwards in order to tighten the skin over the cyst, a broad-shouldered lancet is passed vertically into the centre of the tumor. A lateral movement or partial turn of the instrument dilates the orifice, so that the contents freely escape. Now commences a process of kneading, for the purpose of pressing out every particle of the contents, for the retention of a single drop will render a failure probable. When an entire evacuation of the cyst has been accomplished, a firm and thick compress is strapped down tightly over the sac and a roller applied. The wound is healed in about forty-eight hours, and in two days the dressing may be removed.

I have been so well satisfied with this method that I have seen no good reason for changing it, although my experience in the case narrated shows that electrolytic action is also efficacious.

In the treatment of hydrocele, my experience with electrolysis is extremely satisfactory, so much so that I believe it to be more efficacious and in every way better than the ordinary methods. It occasionally fails, but the proportion of failures is small as compared with the results of the usual treatment in these cases. In seventeen cases I have had but three failures, and these occurred in patients who had already been treated unsuccessfully by other methods, although, for that matter, nearly all the others, on whom the electrolysis had a more happy result, had been previously subjected to operations of various kinds without any permanent benefit. As regards the method of using the battery in these cases, I have in ten cases connected the needles with the negative pole, completing the circuit with the positive sponge applied externally. In seven cases I have inserted needles connected with both poles. I have generally made two or three applications with a small number of cells, but have in six cases found one application sufficient. I prefer to allow at least four days to intervene between the applications, as the process of absorption is not always rapid, although I have in one case entirely dispersed a large hydrocele of long standing in twenty-four hours, another in two days, and a majority of the cases within two weeks. It is only exceptionally that I find it necessary to use more than ten or twelve cells, although there is not the slightest danger attending the use of a full battery. My reason for using a comparatively small number of cells is, that the operation of electrolysis is decidedly a painful one, so that if more than twelve cells are used, anæsthesia is generally required, and therefore, to avoid the necessity of giving ether or chloroform, I prefer to repeat the less painful and less effectual operation. Sometimes, however, I have found the current from six cells giving more pain than the patient could bear, and in other cases I have had the needles from both poles buried deep in a tumor and the current from a full battery decomposing the tissues so rapidly as to give a sound as though oysters were frying within, "sizzling," as the term goes, without a complaint from the patient, and actually without severe pain. My general rule is to make the current as strong as the patient can bear without anæsthesia. If no effect is perceptible within four days, a stronger current, of from twenty to forty cells, is used, while the patient is under an anæsthetic. The first time I tried the effects of electrolysis upon a naevus was in the case of a little child, a patient of Dr Bowen, of Jersey City. I had previously used pressure, had ligatured the tumor four times, used the seton, the injection of perchloride of iron, and all not only without effect but evidently with the result of increasing the growth. Dr. Helmuth saw the case with me, and also applied the ligature, after Erichsen's method, with the same result. Finally I used electrolysis, repeating the application three times within two weeks, without injury and without benefit.

Since then I have performed electrolysis on seven bloody tumors, mostly naevi, with happier results. A small one on a young lady's ear was entirely removed at one sitting. A large one, resembling more a cirsoid aneurism, occupying the cheek and lower lip, was partially cured in three operations, when my patient was obliged to leave the city, and since then I have not seen the case. The third case was a naevus about the size of a walnut, on the forehead of a child six years old. Two operations cured it, but the naevoid skin sloughed off, leaving a slight scar. The fourth and fifth cases were similar to the third, a scar of small size occurring in each. The sixth case was a small aneurism of the radial artery, in which I operated as follows: A tight bandage was first put on, going from the fingers to just above the elbow. A turniquet was now so applied to the brachial artery as not to interrupt the venous circulation. An opening was then made in the bandage so as to expose the aneurism, which was allowed to become about half full. Needles were inserted from both poles, and in less than ten minutes the aneurism was shrivelled up and hardened by the action of the current. The bandage was now loosened, the turniquet removed, and a firm compress placed over the remains of the aneurism. Three days afterwards I examined the case and found the cure was complete. The seventh case was a naevoid growth on the lip. Two applications failed to cure it, and it was finally excised. So far as regards the treatment of naevi, I believe that electrolysis is more generally efficacious than other methods, and is preferable to any other single operation. In other vascular growths a larger experience is required to form an opinion of its merits.

SULPHITES IN DISEASE.—Dr. Tolli, of Milan, strongly recommends the use of Sulphites in zymotic diseases, and claims by their means the course of eruptive fevers is entirely under control—mild cases being rapidly cured, and severe ones rendered mild. He recommends as a curative, Sulphite of Magnesia, because it is easier to take and contains more Sulphurous Acid. As a prophylactic, the Hyposulphite of Soda. He does not think these salts kill directly the living germs of the organic poison, but modify the aggregation of the material components of our own organism, rendering it, by their presence, incapable of being acted upon by these catalytic germs.

A FEW REMARKS ON HYDROPHOBIA.

By Dr. Schieferdecker.

Hydrophobia (like many other terms, is a medical misnomer, by Dr. Fuchs more properly called dermopneuma tetanus) is a painfulness proceeding from a place of incubation, which deprives the patient of all self control, repeats at intervals, drives him to despair, and is followed by icy shiverings; the reflex-action on the cerebro-spinal nerves cause in the respiratory organs, violent, crampy contractions and feeling of suffocation. But this is only the finale of a more or less long-existing diseased condition, in which the animal lives, and is transferred by it into other living beings.

The mouth-secretions (mucus and saliva) of the canine and feline species, which, even in health, vicariate for the skin activity, are, of themselves, of a very intensely-fermenting acridity, so that they can dissolve the hardest animal substances, and become more intensified, in regard to quantity and quality, by exciting influences, such as fear, maltreatment, bad food, want of exercise and social connections, &c. Wherever this foamy, thick disease-product is brought in contact with any delicate or abraded part of a living being, it becomes a source of disease-fermentation, the productivity of which assumes more and more intensity, till the final symptoms appear. The difference between wounds from the bite of a mad animal and those from that of a healthy one is very great; the latter show all the symptoms of torn wounds, and are connected with inflammation, &c.; the former lack all acute activity.

The victim feels, first, a very unpleasant sensation of slight, creeping chilliness over his external surface, and shuns any draught of air; he likes to be alone, is restless, he changes in appearance, he emaciates, is defiant; excretions more frequent, &c. The wound heals quickly, but remains sensitive and as if something foreign were in it. Cool air, strong light, and touching anything cold, produce a shudder and an unpleasant feeling in the back of the head, alarming the sufferer. From the healed wound ascends a distressing sensation to the neck and chest, compressing the respiration. These symptoms increase continually, till the final struggle arrives. The saliva of a hydrophobic human being does not transfer the disease. The sufferer, if not killed or cured, dies, while the breathing gets slower and slower. It is a singular circumstance that this poison seems to paralyze all reaction and self-defensive activity. Without suppuration or granulation, some tough albuminous secretion forms a loose, skin-like covering, which may occasionally open and discharge a thin, acrid fluid. If we succeed in removing at once the virus, the wound changes to a normal condition. A touch of the scar sends a darting stitch to the brain, and causes more or less oppression in breathing. It is necessary, under such circumstances, to suspect even the slightest sensation of pressure in the back of the head and neck.

Whatever brings life to the periphery is soothing to the patient, and stops the progress of the disease.

The patient becomes afraid to drink on account of the difficulty of swallowing fluids, in consequence of glandular congestion and swelling in the throat.

The physiological reciprocity of the skin and internal respiratory organs is the most striking feature expressed in this disease. The virus, step by step, paralyzes the surface, and in the same ratio the respiration and oxygenation of the blood is impeded; the blood remains more and more venous, and filled with excretory matter; it becomes unfit to sustain the normal metamorphosis.

The indications for cure are the following, according to Fuchs, who has treated sixty-eight cases of rabies successfully:

1. Prevention of the influence of the hydrophobic virus upon the organic texture and fluids in the injured part.

2. Confinement and removal of the effect of the poison after it has become active in fermentation, shutting up the virus where it entered.

3. Restoration of the activity of the skin, and removal of its torpor and peculiar sensitiveness.

4. Reduction of the violence which threatens tetanic effects, to the normal mutuality between the periphery and central organs.

The patient ought to be put at once into a tepid bath and carefully rubbed and cleansed, any wound thoroughly syringed and bandaged, his clothes destroyed. Then placed in bed to perspire, which perspiration is again to be washed off in a bath. These proceedings daily to be repeated, till the wound heals properly. Dr. Fuchs recommends cauterization of the wounds, and plaster of cantharides over them. Patient must see only cheerful faces and have no anxiety.

Where the virus has penetrated, Dr. Fuchs gives a warm bath, keeps the patient in a warm bed and a warm room. No cauterization, but oiled plaster of Cantharides applied to the wound. If patient perspires, the disease is conquered; if he does not, then Fuchs puts him in a tepid bath in which he, from time to time, at some distance from the body, pours a watery solution of Corrosive Sublimate, under constant stirring of the bathing water, till the wounds become painful. Such a bath is daily repeated with a stronger admixture of the caustic. With the bathing-water is also to be washed any wound on the head; but, of course, with great caution regarding the eyes, nose, ears, and mouth. This bath is to be prolonged to 45 minutes if other symptoms will permit. All wounds to be covered with the plaster of Canth. Finally, a continuous perspiration is attained. Dr. Fuchs asserts that the regularity and form of the mercurial crises depends on the regularity and perseverance of the use of the baths—on keeping the patient warm in a well-ventilated room. In case the patient is threatened with an attack, Fuchs acts yet more energetically; he puts the sufferer at once in a warm bath, so far saturated with corrosive sublimate that the anus and sexual organs are painfully affected. To prevent too violent impressions, Dr. Fuchs adds a decoct. of two ounces of Belladonna, which enables the patient to stay in the bath for half an hour. These baths are then repeated morning and evening, till better. Always oiled plaster of Canth. on the sore places.

The only case I have treated, which is described in *Watercure in America*, I have solely handled with half-baths, compresses, rubbing and perspiration.

[Dr. Schieferdecker's article was written for this Journal. Since it was in type, it has appeared in the columns of a daily paper, but without our knowledge.]

A CASE OF OBSTINATE CONSTIPATION.

By obstinate constipation we mean a constipation that not only resists the most powerful purgative and drastic remedies, but often leads to very serious complications. These cases show us, more than any others, how little we can rely on the theories so much vaunted in the writings of allopathic authorities—how incomplete are the ordinary means used by them to meet the exigencies of the disease. What is worse than all, the fewer resources allopathy offers to its follower, the heavier become the doses upon which he lays his desperate hands. He cannot possibly understand how a colon or a rectum can become so obstinate as to resist the power of Aloes, the acridity of Jalap, or the heavy pressure of Croton Oil—and yet he finds it is so. This makes him only more desperate. He now adds two drops of Croton Oil instead of one to his mixture of Castor Oil, regardless of the fact that the pathological processes, as well as the true cause of the condition of the bowels are not only invisible, but incomprehensible to him as a pure anomaly. In proportion as he becomes thus helpless, he becomes more active with the means at his disposal. His watchword is, "I must succeed if it takes life!" Every new attempt followed by a new failure gives him the appearance of a desperate duellist, until his ultimatum comes—"kill or cure!"

Here we see the advantages of Homœopathy. In cases like this its specific action soon leads to an early solution of the difficulty. And, even when in the first attempts to grapple with the disease an error has been committed, no injury has been done by its action, which can certainly not be said of the drastic remedies of the old school, for they not unfrequently lead to inflammation, and even gangrene; and, in their least objectionable results, to a subsequent constipation as a secondary action of the remedies employed. * * * *

The case which I now relate is one which peculiarly illustrates the truth of our law of "*similia similibus curantur*," for the two remedies by means of which the cure was completed are such as have the well-established primary action of causing the most obstinate constipation.

Mrs. H., of W., wrote April 9th, 1871, when asking for medical advice and relief: "I am fifty-one years old; change of life has not taken place yet, nor do I feel any inconvenience from it. I am of sanguine temperament. For the last seven years I have had no passage except by the aid of injections, and three or four were generally necessary to produce an evacuation. The physicians said that indurated feces had accumulated in the colon and rectum; that in the right side, was, so far as I could judge, an accumulation about four inches long, and resembled in feeling, a thick sausage. Night before last, there was a sensation as though the indurated mass had broken in pieces. I seemed to feel one piece after another give way, and it produced a sensation as though the bowel was filled with the *debris;* I felt sick and had severe headache. Since then I have constantly used injections of Chamomile tea, Oil and Oat-meal gruel, the last being the most soothing. Yesterday, I passed with great pain and suffering, little particles as hard as stone. To-day not a sign of a passage, and all injections are retained. The hard mass within me has lost its sharp outline, and occasionally I feel pretty well. For some time I have not been able to sleep at all."

It was some little time after receiving this letter before I could see the patient, who lived thirty miles from my residence. In the meantime I sent her *Lycopodium*, and afterwards *Sepia*. On my first call I found that Mrs. H. had much improved in her general health, but the constipation continued as before. Induced by the recommendations of Schroeder, I gave *Aloes*, as an efficacious remedy in similar cases, but I soon had cause to regret it.

My patient wrote, "Until Tuesday evening I very much regretted having received such a guest into my body; since then it has quieted down. It behaved like a forward, inquisitive woman, who poked her nose into every corner, pinching and nipping everywhere, and after all, without any other results than wind and water. I must say that Castor Oil goes about for a little while like a roaring lion and then subsides; but Aloes never knows when to stop. But I must confess that salts deserve the palm over all, for they combine the peculiarities of each. I need not say anything as regards my present health and symptoms, for both are such as Aloes would make them. I suffered all yesterday from chills, uncomfortable feeling, heaviness in the limbs and abdomen. The pinching in the right side (in the spot which you examined), has nearly ceased. I think, my dear Doctor, we had better adhere strictly to homœopathy." Her instinctive preference for a purely homœopathic treatment did not deceive her. Until the first of May she was placed upon *Nux-vomica*, *Ignatia* and *Graphites*, but could not get along entirely without injections.

On the 10th of May, she writes, "I am perfectly well; everything is in the best condition, only the passages are dark as yet. Mineral, waters which have been recommended to me, I have not taken, because from actual experience, I have no confidence in them. Homœopathy is the only thing that can or will help me."

On the 17th of May, she writes, "Again I am happy to tell you everything goes well, only one symptom remaining, viz.: when I turn quickly round I am attacked with dizziness and sudden weakness."

Finally, on the 31st of May, she writes, "Let me finish by expressing to you my sincere gratitude for your advice and treatment, so successful in my case. And in reply to your question, as to what medicine has been of final use to me, let me say that it was the drops you ordered for me from Leipsic. I had only taken four times out of each little vial when a total change in the condition of my bowels and health took place."

These drops which I prescribed for her were, *Opium* 6, and *Plumbum* 6, one drop every morning before breakfast in alternation; and as has been already seen in her letter, four drops of each were sufficient to work a cure, so that in eight days it was complete. In conclusion, let me say that it is only necessary to compare the symptoms of these two remedies as described in Jahr, to perceive their perfect adaptation to the case in hand upon the principle of "*similia similibus curantur.*"

Physician to the Sultan.—Dr. Mary L. Wadsworth, a graduate of Mount Holyoke Seminary and a former practitioner in Springfield, Mass., is now family physician to the Sultan of Turkey.

THE MEDICAL UNION

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."* Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

NEW YORK STATE HOMŒOPATHIC INSANE ASYLUM.

AT the annual meeting of the Trustees of this asylum, held June 19th, Fletcher Harper, Jr., was elected President; Grinnel Burt, Vice-President; Peter S. Hoe, Treasurer; M. D. Stivers, Secretary. Dr. Henry R. Stiles, Secretary of the Bureau of Sanitary Inspection of New York, was appointed Medical Superintendent.

No better appointment than Dr. Stiles for Superintendent could possibly have been made. His homœopathic orthodoxy is unquestioned, and his rare executive abilities as a medical officer have been fully tested in connection with our own Sanitary Board, where he has won the respect, esteem, and hearty approval of all his colleagues.

He is 41 years old; had classical education at N. Y. University Grammar School, and at N. Y. University, and at Williams College. Studied Medicine at Medical Department of N. Y. University—graduated 1855. Also same year, graduated at N. Y. Ophthalmic Hospital. Practised in New York City; Galena, Ill.; Brooklyn, N. Y., and Woodbridge, N. J. From 1863 to 1866, was one of originators and first librarian of Long Island Historical Society, at Brooklyn. In 1868, became connected with Brooklyn Bureau of Metropolitan Board of Health, and was chief clerk in that office till June 1870, when the Commissions were broken up by legislative act. Was then appointed Medical Health Inspector in the New York City Board of Health, and served as such (in 4th, 6th and 2d wards) until the creation of the new board in June, 1873. Passed the Civil Service examination of the new board with honor, and was re-appointed *Sanitary Inspector* June 17, 1873. AUTHOR *Hist. Windsor, Ct.* 2 vols., 8vo.; *Brooklyn, N. Y.*, 3 vols., 8vo., and several other important works.

President of *N. Y. Geneal. and Biograph. Society*, from its beginning, 1869, until January 1st, 1873. Was one of its organizers.

Rec. Secretary of *American Ethnological Society*, for some eight years past.

One of the organizers and first Rec. Secretary of the *American Anthropological Institute.*

Corresponding and honorary member of the *N. Y. Historical Society*, the *American Philological Society*, and many other State and local historical and other learned societies.

Was one of the organizers and first members of the *Public Health Association of N. Y. City*, in 1872.

Member of *Kings County Homœopathic Medical Society.*

Under Dr. Stiles we look for a wise and judicious administration of the affairs of the institution.

The central executive building is now nearly completed and presents an extremely beautiful appearance. It is hoped that it will be ready for the reception of patients in September or October. The building committee have instructions to commence at once the excavation for an additional building of the same size as the present one, to be three stories high, and to cost about seventy-five thousand dollars.

Under the present able management, there is no reason why this institution should not, when completed, at once take rank, in the successful and scientific treatment of the insane, among the first in the world. Hahnemann, as superintendent of an insane asylum, was among the first to suggest and carry into practice the idea that the insane should not be treated as heretofore, like wild beasts, but that the law of kindness would reach even them and bring back to sanity and usefulness those who had been considered hopeless. It is right and proper that one of the State institutions should be placed under the direction and management of our school. If we fail it will not be the fault of the State, which has contributed its funds with a liberal hand, but of ourselves. But we shall not fail. What enlightened science can do for those bereft of reason will be done, and no effort will be spared by trustees or medical officers to make this institution second to none in the successful treatment of the insane.

We earnestly call attention of the trustees to the necessity of making some provision for the reception and treatment of the inebriate. This is a form of insanity not recognized by the laws of the State, because it is the result of alcoholism, and would subside with the discontinuance of the poison. And yet it may become, and often is, a distinct species of insanity, holding its victim in a grasp he has no

power to break, struggle as he will. He yields because he cannot help it, because his power of resistance is paralyzed. His promises are given only to be broken, and his firmest resolutions are swept away like cobwebs before the fearful cravings of his disease. What is this man's promise worth? what good does it do to appeal to his honor? It is evident that this disease requires peculiar treatment and peculiar companionship. The constant fellowship with the ordinary forms of insanity, with those whose minds are all out of tune, would result in positive harm. They should have a building devoted entirely to them, constructed and managed with an eye to their wants. They should have their reading-room and library, and facilities for general amusement and physical development, but they should be watched as closely, as carefully as those in the other departments of the insane. It should be an absolute impossibility for them to obtain alcoholic stimulants in any form or in any way whatever, except directed by the medical attendant to save life. If there is no law on our statute books, one should be passed whereby an inebriate could be committed to an institution of this kind, and be as distinctly and completely under the control of the medical officers as are the other forms of insanity.

We have no institution which meets this requirement. They are all but little more than chartered boarding houses, where the inebriate can stay as long as he chooses, and in reality, do pretty much as he likes. In the real work of saving the inebriate they are comparatively worthless. We trust the trustees will look carefully at this matter, and as soon as their funds will permit, make some provision for this class, so much neglected, and yet who could easily be saved.

The Medical Union Clinic.

Diabetes.—Mrs. T., æt. 65, consulted me, about January 1st, in relation to a difficulty from which she had been suffering for a considerable period. The patient was a lady of full habit and lymphatic temperament, and the history of her case presented the following symptoms: Malaise and general debility, excessive urination, increase of the appetite, tendency to loss of flesh, costiveness of the bowels, with dry, hard evacuations. On examination of the urine, by Fehling's & Tronmer's test, sugar was found in considerable quantities, establishing the diagnosis of *diabetes mellitus*. Restriction was at once placed on the diet, all starchy food being interdicted and the patient only allowed meat, eggs, bran bread, and butter. At the same time recourse was had to the internal administration of *Nitrate of Uranium* and *Phos. Acid dil.*, the former being given in the first centes trituration, three grains every three hours, and the latter in five-drop doses three times a day. Under this treatment, in the course of a fortnight, a marked amelioration in the symptoms was observed, and the urine presented a considerable diminution in the amount of sugar held in solution.

May 15th.—Between four and five months from the time treatment was begun, a specimen of urine was brought which was entirely free from sugar, the quantity passed much reduced, and the general health greatly improved. June 10th.—Another specimen was brought which still remained free of sugar.

Though a *permanent* cure can not positively be declared, yet the success of the remedies made use of certainly entitles them to a great degree of confidence.

Especial importance attaches to the Nit. Uran., as probably the most efficacious remedy we possess in the treatment of the disease in question.

HENRY F. ATEN, M. D.

34 *Hanson Place, Brooklyn.*

Two Cases from Practice.—I was called to see a lady suffering intensely with a *boring pain* in the region of the liver. After the use of several remedies without avail, I gave her a dose of Ammonium Carb., which was followed by immediate relief. She has remained well without any return of the pain. The selection of the remedy was in strict accordance with the Materia Medica, as the kind of pain described is to be found in its provings. Her symptoms, otherwise, were similar to those of persons I have seen suffering with congestion of the liver.

A patient consulted me for an affection of the eyes consequent upon small pox. Finding her weak and thin in flesh, with a view the more speedily to cure the ophthalmic trouble, I directed my attention to the improvement of her general health. Upon inquiry, I found her suffering with diarrhœa, piles, and colic. The colic had been so severe as to require the attention of a physician the entire night, without affording any relief. In addition to these symptoms, she complained of flushed face and headache about four o'clock every afternoon. I prescribed *Cactus*, one dose a day in the afternoon, with the request to call upon me in three days. To my surprise she reported herself entirely relieved of every vestige of the diseases of which she had complained. As she had no return of diarrhœa, colic, or piles, I had no occasion to continue the remedy. I should add the piles were of the fluent kind.

T. HAUGHTON, M. D.

June 10, 1873.

AUSCULTATION OF CHEST IN ORGANIC BRAIN DISEASE.—Dr. Brown Sequard advises frequent examinations of the chest in cases of organic brain disease. He cites cases where injury of the brain will produce emphysema, pneumonia, and diseases of the liver, stomach, and kidneys. Pneumonia is often produced when the injury is on the right side. He refers to 280 tubercular cases in which the origin of the disease was traced to inflammation of the brain, showing it not to be of accidental occurrence. His conclusions are, that in animals who have received brain injury, inflammation of the lungs may follow. The injury in this manner causes death. In man the same effect is shown by actual experiment. The life of man may be saved after injury to the brain, by early auscultation and percussion.

Correspondence.

A LETTER FROM THE SUPERINTENDENT OF THE INSANE ASYLUM.

THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE.

Middletown, Orange Co., N. Y., July 6th, 1873.

FRIEND SUMNER:—This is my first day of living in the new home, and I am still unsettled—boxes and trunks, etc., around me and bare floors—and so will be until plasterers, carpenters, and paperers have done their appointed work. I take the opportunity afforded by this quiet Sabbath afternoon to give you the items you needed about the asylum and myself. *Thusly* and briefly here are the raw facts—I've no time to cook 'em:

At present (July, 1873), the first building is rapidly hastening to completion—will be ready for occupation about December 1st. Four stories and basement; fine brick, with Ohio stone dressings; basement story of stone off the place, and from front of building projects a noble tower, affording (besides several elegant rooms) a fine *porte cochere*, tank for water, etc. Style of building, Rhenish. The solidity of edifice gracefully relieved by the elegant bay-window balconies on each end, and by the two smaller pinnacles on roof. Architect, Carl Pfeiffer, of New York City (the architect of the Roosevelt Hospital), Consulting Architect of the N. Y. Board of Health. This building shows his most earnest care to secure all the sanitary improvements and features which are so important in such an institution. The heating (by steam) and ventilating is under the care of Mr. W. Leeds, of New York City. The contractors for building are Lyon, Fellows & Brown, of New York City. The whole building, for honest construction, solidity, elegance of style, &c., cannot be excelled by any similar asylum. Size, 175 feet by 100 feet. Cost, $115,000.

Within the present month the building of a second building, 195 feet long and three stories and basement, in similar style, though less ornate, will be commenced, and rushed through with all possible dispatch. Cost. $75,000.

Both these buildings (two others are also comprehended in the plan) are located beautifully on a farm of 250 acres, one mile to the N. W. of Middletown, accessible by pleasant roads. All fuel, heavy furniture, and stores, are delivered directly at rear of buildings, by a branch rail-track from the Erie R. R. Water-supply furnished by the town, from Monhagen Lake. The location of the asylum confers great credit upon the taste and good sense of those who chose the spot, both as to its healthful and picturesque points. The views from the building are sufficiently extended, enlivening and beautiful, to produce a cheerful and tranquilizing effect upon the patients; and the building now erected is a conspicuous and creditable ornament to Middletown. Truly yours,

H. R. STILES.

A LETTER FROM VIENNA.

VIENNA, May 1st, 1873.

EDITORS OF THE MEDICAL UNION.

Dear Sirs:—I have for some time been watching with interest, the results of cold applications for the control of inflammation after tapping for hydrocele. Here, everything that shows any signs of inflammation is at once attacked with cold applications. The case was as follows:

Five years ago, a man, aged about 45, came to the Clinic with a hydrocele on the right side. This was tapped and the man went to his business. Soon after, he returned with a smaller one on the left side, which was treated like the first. From that time nothing was heard of the man until the latter part of last December, when one of the assistants was called to see him and learned the following:

The man had attended to his business until a few days before sending for assistance, at which time his hydrocele on the right side had become large enough to be uncomfortable, and he went to a hospital in the ward in which he lived, where it was again tapped, and, as he said, a fluid injected.

The next day he went about his business with no uncomfortable feelings, and in the evening went to the theatre. On returning from the theatre, he said he felt a smarting and burning in the scrotum, which was worse next morning, and he consulted the surgeon who had last treated him, who advised him to apply a cold compress; but on noticing that there was snow on the ground, said he might hurry the matter along by using the snow instead of water. The patient was in haste to get well and followed the advice.

It is needless to say that the inflammation disappeared at once; and I might add, that the scrotum went with it. He was at once brought to the general hospital, and when I saw him, which was a few days after his arrival, the scrotum, or what was left of it was a mass of suppuration. This continued until the scrotum and most of the perineum had sloughed away, and the urethra was laid bare. The general health of the patient began to fail from the first; and at this stage he was little more than a skeleton. The stench from the suppurating surface was almost unendurable, and Carbolic acid was vigorously applied as a disinfectant only, as a belief in its virtues beyond this point, is not entertained here.

The only treatment beside the Carbolic acid, was the removal of decayed tissue, cleansing of the surface, and the administration of wine. There was no appetite, and little or nothing was eaten.

After the case had been given up as hopeless, and preparations were being made for an autopsy, the sloughing stopped and the patient began to recover, gaining gradually from that time to the present.

He is now looking quite fleshy and well, and a greater part of the scrotum is restored. The hydrocele returned on the right side, and was tapped near the attachment of the cord.

H. R. COLE.

Dr. JARVIS, in a paper before the Social Science Association, on the influence of sex in crime, shows from statistics that while the crimes of males were against persons and property, in two instances out of three; the crimes of females were sensual and against themselves in the ratio of seventy per cent.

Transactions of Societies.

ALBANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Paine called attention to the recent adoption of a change in the form of the by-laws of the Massachusetts State Homœopathic Medical Society, regarding the objects of the society and the admission of members. He urged the adoption of a similar form, and gave notice that he would propose such a change at some future meeting. He also presented the following resolutions:

Whereas, Adequate medical knowledge and a compliance with legal requirements should constitute the basis on which associations of medical men should be formed, rather than an opinion regarding the therapeutical action of medicines, therefore,

Resolved, That we hail with satisfaction the announcement that the Massachusetts Homœopathic Medical Society has adopted the following article in its by-laws:

"This Society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of belief, but only an expression of a willingness to act for the furtherance of its objects."

Resolved, That the Albany County Homœopathic Medical Society also hereby declares, that no creed or confession of medical belief shall be required of educated and legally-qualified physicians who may apply for membership.

The changes proposed by Dr. Paine were the following, to erase the following words from the preamble: "Believing in the homœopathic maxim, *similia similibus curantur.*" Also change the first and fifth articles as follows:

Article I.

This association shall be known as the Homœopathic Medical Society of the County of Albany, and its object shall be the advancement of the science of medicine as expressed in the following statement: The society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of medical belief, but only the expression of a willingness to act for the furtherance of its declared objects

The objects of this society and of its members are hereby declared to be, 1st: The development of the materia medica by the proving of drugs upon the systems of men and animals. 2d. The improvement of methods of administering medicines thus proved, to the sick, in accordance with the formula, *similia similibus curantur.* 3d. The encouragement of special studies and reports designed to improve its members in all of the departments of medical science.

Article V.

Any regularly-licensed physician who has complied with the requisites of the laws of the State may be elected a member of this society, by the votes of a majority of the members present at any regular meeting; but no persons shall be entitled to the privileges of membership until he shall have signed the constitution and paid the initiation fee.

MEDICO-LEGAL SOCIETY.

Mr. David Dudley Field read a very able paper, April 24th, before a critical audience of the New York Medico-Legal Society, corner of Twenty-third street and Fourth avenue. Mr. Field began by asserting that he would not consider the medical aspects of the question, but would simply treat of emotional insanity as it concerned the commission of crime and its punishment. He believed that it was not a question of right or wrong whether a crime had been committed or not; it was rather one of law. What was wrong a century ago was right to-day, and what was right to-day was wrong a century ago. The distinction between these two qualities was the result of education. Why was crime punished? Not to avenge, not as a mere chastisement for an offence; but punishment was inflicted to deter, and when it ceased to have that influence it should cease altogether. It was society demanding security.

Certain exigencies permitted certain punishments for the public good. If three men were at sea in a small, open boat, and one should labor against the life interests of the other two, it would be perfectly right and proper that the offender should be launched into the sea. Having shown that punishment was not to be guided by mere sentimentality, Mr. Field proceeded to criticise severely the charges of the judges in some of the most famous of modern criminal cases, where the plea of emotional insanity has been put forward in justification of crime, and successfully maintained. Huntington's was a case in point, and in the trial of Sickles for the murder of Key the judge charged that the jury should acquit if they found that the prisoner was in such a mental state at the time he shot the victim that that he did not know that he was committing a crime; in other words, if the knowledge that Key had debauched his wife had so affected his mind that he did not consider the quality of his moral action in the shooting, then he was to be holden guiltless—that is, if Sickles thought he was doing a good thing, it was all right, and the jury must not convict. Was there ever a greater absurdity? He also mentioned the case of Wagner, and ridiculed the charge in the case of Cole. In this case the judge charged that if the jury should find the reason of the prisoner was dethroned by the intelligence of his wife's defilement, so that he was incapable of knowing that he was committing a legal and moral wrong, then they should acquit. Recorder Hackett, in the McFarland case, had made a charge equally absurd. The Recorder charged that not only must the prisoner know that he was committing an offence against the statute, but that he is morally guilty as well, in order to constitute murder; in other words, again, "I think this is a good thing to kill Richardson, therefore, I'll do it." Judge Smith had also taken the same ground, and only two months ago Judge Brady, in the case of Scannell, charges that the prisoner must have been convinced of doing a moral wrong in order to have been guilty of murder. The poor man thought he was avenging the death of the brother. Mr. Field thought that all of these crimes should be punished, because they were absolute offences against the law, and as punishment was to deter, its operation in these cases was necessary for security. Insanity had been defined by many able men, yet

all differed. He would venture to state what insanity should be considered in law.

First—Was the prisoner at the time of the commission of his crime capable of refraining from its commission?

Second—Did he refrain from its commission?

Insanity he considered as that manifestation in a person showing that the process of his brain was at variance with the average human brain. Insanity, he said, was divided into—

First—Perceptional.

Second—Overthrow of the reason, or intellectual insanity.

Third—Emotional.

Fourth—Volitional.

Emotional insanity was manifested by impulse; perceptional by hallucinations, while intellectual and volitional insanity were allied to each other. Mr. Field, after an exhaustive discussion of these forms of insanity, summed up his papers with these conclusions:

First—That children and idiots are not holden to criminal responsibility.

Second—That mental unsoundness may excuse crime when the will becomes the slave of defective reason.

Third—Insanity excusing crime must be shown by experts to be a brain disease.

Fourth—Neither emotional nor perceptional insanity is an excuse in itself for crime.

Fifth—All persons declared insane should be put in lunatic asylums until their restoration to health.

Sixth—The punishment should be graded to suit the quality of the crime and the intent and relative guilt of the criminal.

THE RETIREMENT OF DR. PAINE

FROM OFFICE OF SECRETARY OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

We have already spoken of the retirement of Dr. H. M. Paine from the office of Secretary of tne Homœopathic Medical Society of the State of New York. We copy the following communication from the *Medical Investigator*. The occasion gives the writer an opportunity to speak of Dr. Paine's services in the cause of medical progress in this State.

"*To the Editor of the Medical Investigator:*

"The retirement of Dr. H. M. Paine from the office of Secretary of the Homœopathic Medical Society of the State of New York is an event which should not be allowed to pass unnoticed. As the writer believes, to no man now living is so justly due the title of "*The Homœopathic Organizer*," as to Dr. Paine.

"Immediately after the passage of the law of April 13th, 1857, authorizing the organization of Homœopathic County Societies in the State of New York, Dr. Paine commenced an attempt to awaken an interest on the subject of Homœopathic organizations in this, as well as in other States. How far his untiring efforts have been successful the sequel will show.

"On the 20th of October, 1857, the Homœopathic Medical Society of Oneida County was organized in the city of Utica, and Dr. Paine was present at that meeting. This was the first county society actually organized under the new law, although preliminary meetings for that purpose had been held in the counties of New York and Kings at a somewhat earlier date. From this time forward, a period of more than fifteen years, Dr. Paine has labored unceasingly to perfect the organization of the Homœopathic profession in the State of New York, and his influence and advice have contributed not a little to arousing a spirit of organization in other States.

"At a special meeting of the Oneida County Medical Society, December 6th, 1859, Dr. Paine read an elaborate paper on "The importance of immediately organizing State and County Societies," *Trans. Hom. Med. Soc. of State of New York, vol. 6, p.* 543. There were then only seven county societies in the State of New York. There are now societies in about forty counties. At the meeting of June 18th, 1861, he presented a report embodying a circular to the Homœopathic physicians of the State, which closed as follows: 'We believe it to be of vital importance in its influence upon the future prosperity and position of Homœpathy in this State. The benefits of *organization* are obviously as great, as really needed, and as useful to us as to Allopathic physicians. By it we ascertain the number of educated and legally qualified physicians of our school, conform to the statutory enactments of the State, secure concerted action in the improvement of the Materia Medica, and facilitate the diffusion of practical knowledge among the members of the profession.' *Vol. 6 of Trans., p.* 566. At the same meeting he also presented the form of an act of incorporation of the State Society, and on motion of Dr. L. B. Wells, the following resolution was adopted:

"*Resolved*, That the Oneida County Homœopathic Medical Society approves of the act of incorporation presented by Dr. H. M. Paine, and would respectfully refer it to the committee appointed at the last meeting of the State Homœopathic Medical Society, with the request that earnest and untiring effort be made to secure its adoption by the next Legislature of the State. *Trans., vol. 6, p.* 561.

"This act of incorporation was passed by the Legislature April 17th, 1862, and the Society was legally organized under it May 6th, 1862. *Trans., vol. 1, p.* 19. The honor of having inaugurated the movement for the purpose of securing the legal right to organize County and State Homœopathic Medical Associations belongs to the Homœopathic Medical Society of Northern New York, as appears by the following paragraph from a letter by Dr. Cornell: "At a semi-annual meeting held in July, 1856, a committee was appointed to petition the Legislature to legalize the Homœopathic practice in this State, by authorizing the formation of Homœopathic County Medical Societies, having equal legal privileges and immunities extended to similar Allopathic associations. Petitions were circulated and numerously signed, the assistance of the members of the Senate and Assembly from each of the counties within the jurisdiction of the Society was solicited, and by much earnest effort the passage of the act was secured April 13th, 1857. *Trans., vol. 1, p.* 33. But the credit of urging the matter to a successful termination is due to the Oneida County Medical Society, and chiefly to Dr. Paine. Up to April, 1865, Dr. Paine resided at Clinton, in Oneida

County, New York, about nine miles from Utica. As a proof of his untiring devotion to the subject of Homœopathic organization, the writer would mention the fact that between the years 1857 and 1865 it was no uncommon event for him to be awakened about midnight—alike in summer or the depth of winter—by the arrival of Dr. Paine, who, impressed with the importance of some new movement for the cause of organization, had driven from Clinton late in the evening to confer with him upon the subject during the middle hours of the night, in order to return for attendance upon his patients with the breaking of the day.

"Any physician who resided in the State of New York during those memorable years will readily recall the frequent and urgent letters which he received from Dr. Paine upon the subject of organization. I doubt if any escaped such a missive for a single week, and I state the simple truth when I aver that I have often received three per diem. It is a matter of record that between September 1st and December 1st, 1861, he mailed 500 circulars and wrote 300 letters upon this subject. *Vol. 6 of Trans., p.* 564. What Thurlow Weed was to the Whig party in the politics of the State of New York, Dr. Paine has been to the Homœopathic profession in medicine. He has made the Homœopathic Medical Society of the State of New York the most completely organized, as it is the largest, State Society in the United States, and has rendered it the most effective in point of political and social influence. Its power for the advancement of the interests of Homœopathy is felt in all parts of the civilized world. Dr. Carroll Dunham, in an article on the American Institute of Homœopathy, contained in *Vol. 2 of Trans. N. Y. State Hom. Med. Soc. at p.* 390, thus speaks of the efforts of Dr. Paine with reference to organizing that association on a representative basis: 'The necessity and advantage of thus converting the Institute into a National Representative Society was first pointed out by Dr. H. M. Paine, of Clinton, Oneida County, the indefatigable Secretary of the New York State Homœopathic Medical Society, to whose untiring industry and talent for organization we owe the establishment, and very much of the usefulness, of our State Society.' Of the thoroughness, accuracy and conscientious fidelity with which he has edited the Transactions of the Homœopathic Medical Society of the State of New York, the ten volumes which will stand upon the library shelves of thousands of Homœopathic physicians, in this and other lands, will for ever remain as an enduring memorial. Of the labor required to prepare such a volume for publication, involving a correspondence with many contributors, and with the secretaries of various county societies, the correction of manuscript, the reading of proof, and the collating and proper arrangement of the several articles—those who have had no experience can form no adequate idea. To this work, however, Dr. Paine has given his continued and most earnest attention for ten years. Often, for weeks previous to the meeting of the State Society, when a volume of the Transactions was at the same time passing through the press, has he practised all day, to resume his work upon the Transactions at night, and only desisted from his labors at the dawn, to throw himself upon his office lounge, without removing his clothing, for an hour or two of brief repose prior to resuming his professional toil of the ensuing day. In this manner have I known him to pass six successive weeks. He constantly paid to the person who assisted him in the preparation of the volumes a sum greater than that which he received from the society. I need not here dwell at length upon the enthusiastic zeal and alacrity with which he has ever enlisted in every movement for the legitimate advancement of the interest of Homœopathy, and the elevation of the standard of medical education, or upon the energy and vigor with which he has fought his battles in the long contest with Allopathic bigotry. The New York State Homœopathic Asylum for the Insane, the Albany City Dispensary, the Albany City Homœopathic Hospital, and the numerous appropriations for Homœopathic institutions in the State of New York, which he had been largely instrumental in obtaining; the various bills passed by the Legislature of that State, within the last ten years, in favor of Homœopathy; the certain defeat of all those measures brought before the Legislature in the interest of Allopathic bigotry; all bear witness of the sentinel-like fidelity with which he has stood guard upon the fortress of Homœopathy in the State of New York, and while cordially welcoming its friends, has made it absolutely impregnable to its foes.

"On a larger and national field, the Van Aernam contest, and its auspicious termination for our school—of which the pages of the tenth volume of the Transactions contain the full record—will be an imperishable testimony of his inflexible opposition to medical bigotry. Says Dr. Verdi, chairman of the Committee upon Legislation, in his report to the American Institute of Homœopathy, in speaking of the Van Aernam matter, 'The next thing was an alarm given from the State of New York, that almost gave me a fit. And you will not be surprised when I tell you that the man at the rope of that alarm-bell was no more nor less than my friend, Dr. H. M. Paine, of Albany. Several homœopathic physicians had been decapitated by a certain Dr. Van Aernam, late Commissioner of Pensions. Paine called it murder in the first degree, and pulled at the alarm-bell, until I, for one, was denied all rest or respite. Documents of various sorts poured in on me, and from that time I never went to look in my post-office box without one of those yellow envelopes staring me full in the face. Had I gone three or four times a day, it would have been the same, the yellow envelope would have been there. Finally, my friend got tired of ringing that bell, and what do you think came next? Why, a telegram from Paine stating that he and a few friends would meet me at my office next morning. When I saw that telegram, I wouldn't have given a penny for the head of Van Aernam; I knew it was condemned to the block. True to his word, my friend Paine, the next morning, February 25th—I shall never forget it—appeared in a complete suit of armor, not of steel armor, as of old, but a more modern one, a car-load of newspapers, acts, resolutions, indignation meetings, protests,' etc.—*Trans. Am. Inst. of Hom.* 1871, p. 101.

"Dr. Paine has for several years felt that his duty to his family and to his patients required his resignation of the laborious position of Secretary; but in deference to the earnest solicitations of his friends, he has retained it to the present time. Now, after the Society has, for ten years of the best part of his

professional life, reaped the full benefit of his sagacious counsels and rare executive abilities, and received the full measure of his time and talents, he retires in the enjoyment of the respect and good wishes of every member of that organization, which he has carried to the very front rank in effectiveness, as well in the promotion of medical science as in protecting the interests of the Homœopathic profession from Allopathic intrigue and intolerance.

"That he will continue, as he has hitherto done, to take an active interest in all legitimate movements for the advance of our school of practice, we cannot doubt. The polemical period of Homœopathy probably closed with the ousting of Van Aernam, above referred to; and it was most fortunate that Dr. Paine was the Secretary of its Medical Society in the Empire State during that most important period. The ten volumes of the New York State Transactions, edited by Dr. Paine, have annually contained a complete resumé of the progress of Homœopathy in all parts of the world, and thus constitute year-books of facts and statistics, of incalculable benefit to the profession, but so conveniently accessible in no other publication. These volumes will forever form an armamentarium, well stocked with polished weapons, from which the members of our school may hereafter equip themselves in any future contest (should any such arise) with allopathic bigotry.

"Dr. Vincent, of Troy, who is the new Secretary, will doubtless emulate the bright example of his distinguished predecessor. W. H. W."

Reviews of Books.

THE SANITARIAN: *A Monthly Journal.* A. N. BELL, M. D., Editor. A. S. BARNES & CO., New York and Chicago, Publishers. Terms, $3.00 per annum.

THIS new addition to the medical press is presented to the public in an attractive form, and the claims of its prospectus are ably supported by the pages of the journal. No journal has ever before started out on so broad and rich a field of inquiry, and, from the two numbers already published, we judge that the *Sanitarian* will meet with a genuine success not only from the acknowledgment of its merit by the medical profession, but also from the hearty appreciation of its object by an intelligent public. The following extract from the prospectus will show the aim of the new journal:

"The purpose of this publication is to so present the results of the various inquiries which have been, and which may hereafter be made for the preservation of health and the expectations of human life, as to make them most advantageous to the public and to the medical profession.

"The resources of sanitary science are inexhaustible. It will be a chief object of the *Sanitarian* to awaken public attention to the extent of the field, and to the facts indicating how beneficently it may be cultivated. This will be done by showing the amount of ill health and mortality from preventable causes of disease; by pointing out the nature of those causes, and the way in which they operate, by showing that such causes are removable; and by exhibiting improved health, longevity and happiness as the fruits of their removal.

"The laws of physiology and general pathology will be kept in view, as the basis of health; and by which hygiene constitutes a department of science which the medical profession can advantageously share with the public, or apply to individuals according to circumstances. The detail of these relations will involve questions of manifold significance, and many of them of the utmost importance to human health.

"The practical questions of State Medicine: the health of armies and navies, marine hygiene, quarantine, civic cleanliness, water supply, drainage and sewerage. Sanitary architecture: light, space, warming and ventilation. Climate and domicile: epidemic, endemic and hereditary diseases. Occupation, exercise and habits, food and beverages, in all varieties of quality and quantity. In short, whatever thing, condition or circumstance is in rapport with, or antagonistic to, the most perfect culture of mind and body will be considered legitimate matter for the *Sanitarian* to discuss, advocate, condemn or reject at the *bar of health.*"

We commend the *Sanitarian* to all who would encourage or pursue the scientific study of hygiene, and to those also who would profit by the practical application of the laws of sanitary science.

THE MICROSCOPE AND MICROSCOPICAL TECHNOLOGY. By HEINRICH FREY, *Professor of Medicine in Zurich, Switzerland.* Translated from the German and edited by GEORGE R. CUTTER, M. D. From the fourth and last German edition. New York: WILLIAM WOOD & CO.

THE microscope has become a necessity in every well-regulated physician's office. Its revelations are often essential to enable bim to reach a correct diagnosis and to suggest the treatment. If he neglects to make use of the immense help which science, in its recent discoveries and improvements, has placed in his hands, he not only fails in his duty to his patients, but finds himself left far in the background. Simple as the use of the microscope may seem, it requires close and careful study and a thorough discipline of the eye to make its revelations available. Once on the right track, the patient student finds a new world opening before him, and is surprised, at each successive step, at some new beauty or wonderful development. With its aid the mystery which surrounded many of his cases is dispelled, and the path is made clear before him either to relief or permanent cure, or in the case of organic disease, he is able to mark out its course and predict its termination.

Notwithstanding the now general use of the microscope in this country, it was only in the year 1840, when the U. S. Exploring Expedition, under Commodore Wilkes, was being fitted out, and it was thought necessary to have a microscope among the scientific instruments, that not one could be found among the makers of philosophical and scientific instruments in this country. In this dilemma Dr. Paul Goddard placed his own instrument, an inferior French microscope, but the best in the country, at the service of the expedition. This was but little over thirty years ago, and now the finest lenses in the world are of American make. In 1847 Charles A. Spencer, of this State, after laborious and protracted experiments, frequently working

over the furnace for eighteen consecutive hours, succeeded in constructing a microscope the lenses of which were of such clearness and power as to at once place him in the front rank of manufacturers. On his way to New York he stopped at West Point and showed the instrument to Prof. Bailey, at that time the chief of microscopical observers in this country. It was with this instrument Prof. Bailey resolved the Navicula Spencerii, noticed in the first edition of *Queckett on the Microscope*, who says on page 440, speaking of the Navicula Spencerii, "But an object glass, constructed by a young artist of the name of Spencer, living in the backwoods, had shown three sets of lines on it, when other glasses of equal power, made by English opticians, had entirely failed to define them."

In Queckett's treatise, in the account given of Ross' discovery of the effect of thin glass covers upon the correction of an objective, the announcement was made, that "on several occasions the enormous angle of 135° had been obtained," and that "135° is the largest angular pencil that can be passed through a microscopic object glass." On Spencer's attention being called to this statement, he immediately constructed a $\frac{1}{12}$ inch objective having an angle of aperture of 146°. In June, 1851, the maximum angle of 178° for the $\frac{1}{12}$ was obtained, and subsequently the medium and lower powers were correspondingly improved. The angle of aperture of the ¼ has been increased to 175° and its defining and resolving powers are such that its amplifying powers are brought up to twelve hundred diameters, without any considerable deterioration in the sharpness of its images. With it the 19th band of Nobert's test plate has been resolved by Spencer, with ordinary daylight illumination and with artificial light.

Mr. I. Grunow came to New Haven, Conn., in 1849, and constructed his first microscope in 1852. A very valuable improvement made by Grunow consists in letting the rotary diaphragm into the upper surface of the stage in such a manner that it is just below its level, and can be rotated without disturbing the slide on which the object is placed. In this way the full optical effect of the diaphragm is obtained exactly at the point where it is needed.

Mr. Tolles became a pupil of Spencer in 1843, and in 1856 commenced business for himself. Mr. Tolles' improvements in the accessories of the microscope have been numerous and of great value. His objectives have been among the best ever constructed in this country or in Europe. Mr. I. Zentmayer, of Philadelphia, has constructed stands, which, in beauty of workmanship, convenience and perfection of detail are equal if not superior to anything made. His No. 1 stand is exceedingly beautiful, but for ordinary work, his No. 2 stand will be found all that is necessary.

Mr. Wm. Wales, now residing at Fort Lee, N. J., was a pupil of Smith & Beck's, in London, and came to this country in 1862. His lenses are now considered equal if not superior to those of any other maker in the world. We have one of his $\frac{1}{5}$, which is infinitely superior to any $\frac{1}{5}$ we have ever seen.

The three most renowned firms in London are: Powell & Lealand, Andrew Ross, and Smith, Beck & Co. But there is no necessity for our students going abroad for their instruments when they can be obtained here of a better quality, and, taking into consideration the duty, which is 45 per cent. *ad valorem*, almost as cheap as they can be imported.

The beginner is fortunate if he can have the advantage of other instruction in the use of his microscope than that which can be obtained from books, but in the absence of this he will find in the work under notice very careful directions. In his first effort he will throw all the light he can get on the field, and find, to his great annoyance, in a short time, his eyes weeping and tired. Old observers avoid a brightly illuminated field, finding with a moderate light the organs of vision are more protected, and the finest details of the microscopic image are more distinct. The student should not allow his enthusiasm for his work to protract his investigations too much into the night, as the long-continued use of artificial light will prove injurious to his eyes.

It is best to commence most observations with low powers, as you get here a more extended field of vision, and for ordinary work the low powers are all that is necessary; the physician seldom requiring a power higher than the $\frac{1}{5}$. With a general idea of the parts thus obtained, the most minute points can be resolved by the higher powers if it is deemed necessary. The instrument should be examined each time it is used, and the dust which has settled on the mirror and eye-piece carefully removed by means of a fine camel's-hair brush. The objectives may be cleaned, after first removing the dust, with a piece of linen rendered soft by frequent washings or a piece of fine leather. It was formerly hoped that the microscope might discover changes in the forms of the blood cells in disease, and in this way be able to promote pathological physiology as well as diagnosis. These beautiful dreams have not in general been fulfilled. However various its composition may be, the blood presents the same microscopic appearance. It is also to a certain extent the case that, even with regard to the normal life of the blood, a considerable obscurity still prevails, that we have but an extremely incomplete conception of the new formation and disappearance of cells.

However, although nothing of importance is to be perceived in the endosmatic changes in form of the colored blood cells which have been described in processes of disease, and just as little in the shreds of the loosened epithelium of the vessels, the microscope has, nevertheless, given us an interesting glimpse of two pathological processes of our fluid; we mean the so called leucæmia and melanæmia. The former coinciding with an increase in volume of the spleen, and often, at the same time, of the lymphatic glands, although but seldom caused by an enlargement of the latter organs alone leads to a constant increase in the number of colorless cells in the blood, so that finally the alteration of the blood no longer remains concealed from the naked eye. A drop of such blood shows, together with the colored, a considerable number of colorless blood corpuscles. This may proceed to such an extent that to three colored blood corpuscles there will be one or even two colorless ones, and, in certain cases, the number of the latter variety of cells will be greater than that of those containing hematin. Transitive forms of both kinds of cells may also be met with.

In malignant forms of intermittent fever, the en-

larged spleen has been seen to have a blackish appearance. The microscope shows as a cause of this change of color, granulated lymphoid cells, often of considerable extent, and which contain within them granules of the black pigment. Passing out through the splenic vein, they become mixed with the blood, and are seen in this fluid when subjected to microscopic examination. In consequence of their size they produce obstruction in certain capillary districts, especially in the brain and liver.

The origin of fresh clots of blood may be ascertained by microscopic analysis. One will be able to distinguish by their form and size the cells of the blood of birds from those of human blood. It is difficult and almost impossible to render a correct decision in old masses of dried blood.

The microscopic examination of vomited matter has thus far yielded only relatively slight results for the purpose of the practical physician. It is in the examination of the structural form of the tissues themselves that we obtain the most satisfactory results. With the history of the case distinctly before us, the microscopic examination, after death, of the bones and nerves and various structures of the diseased part casts a flood of light upon the nature of the malady, and often serves as a guide in the treatment of future cases where like symptoms indicate a similar disease. The revelations of the microscope in the living being give us the most satisfactory results in the examination of urine. By it we trace, with almost unerring certainty, the condition of the kidneys and the bladder, detecting not only the different stages of Bright's disease, but in the chemical constituents of the urine many of the changes going on in the great human laboratory.

The physician needs and should avail himself of all the aids which science places before him, to assist him in his daily work of arresting and preventing disease. The work under discussion is one of the best of the kind we have seen. The directions for the use of the microscope and the preparation of specimens are excellent, and the pathological descriptions are fully up to the present advanced state of the science.

Scientific Gleanings.

THE FRENCH METHOD OF DRESSING WOUNDS BY COTTON WADDING.—A new method of dressing wounds, at present attaining great popularity amongst French surgeons, is that which is known as the "pansement ouaté," of M. Alphonse Guérin, of the Hôtel Dieu. It consists in the use of large quantities of cotton wadding, somewhat after the manner of treating extensive burns by the same material. About two years ago, toward the close of the war, and during the day of the Commune, M. Guérin first put this in practice in the Hôpital St. Louis. The properties which cotton wadding possesses of filtering the atmosphere, the regular elastic compression and uniform temperature which its application induces, were qualities which he thought might be turned to good account in the treatment of wounds and other surgical diseases. An attendance of nearly six months in the hospitals of Paris during the course of the winter has enabled me to write with some authority on this subject, which well merits the attention of the profession in this country. The method is peculiarly applicable to cases of amputation, and in order to describe the manner of using it, I will suppose a case of circular amputation at the thigh.

Bleeding being carefully stopped, the ligatures are cut short, except that of the main artery, which is allowed to remain of the usual length. The wound is then washed with a solution of camphor and alcohol, of carbolic acid, or other disinfectant. The stump being now elevated and the loose integuments slightly stretched outwards by an assistant, portions of cotton wadding are inserted so as to completely fill, without distending, the cavity thus formed. Several layers of the same material are then applied over the stump and carried in the form of broad rollers round the limb as high as the groin or pelvis. The volume of the whole ought to be at least three times that of the thigh, or about the circumference of the patient's waist. A number of bandages are then carefully applied, the construction being at first moderate, but afterwards increasing until it is as powerful as the hands of the surgeon can make it. The limb is now placed in a horizontal position, supported by a pillow and allowed to remain so for twenty or thirty days.

The first thing that strikes the surgeon is, that the patient, during the whole of this period, is free from pain, which neither comes on spontaneously, nor is it induced by the contact of surrounding objects or by their shock. A peculiar odor is generally exhaled during the first ten or fifteen days, which, however, can be destroyed by the use of disinfectants applied to the outside of the apparatus. * * * The temperature averages 101.3 F., during the first twenty-four or forty-eight hours. It then returns to the normal standard and never rises again.

I recently saw in the service of M. Guérin, the removal of the dressing, in a case of amputation of the upper arm, after an application of thirty-two days. On arriving at the deeper layers of wadding, they were found to be firmly glued to the integuments in the vicinity of the wound. About half a wine-glassful of matter came away with the dressing. It had a peculiar odor, not that of putrescent pus, but which M. Guérin attributes to the confined sebaceous secretion. The skin was quite normal, being quite free from redness, swelling, or any other sign of diseased action. The end of the bone was well covered by healthy granulations, as was also the whole of the traumatic surface; in fact, there was only a healthy granulating ulcer with the characteristic blue margins, showing that the process of cicitrization was going on. M. Guérin regarded this case as a good specimen of the ordinary result of the cotton wadding dressing. It was reapplied for another period, which he hoped would complete the cure. Two applications are generally sufficient; a few strips of adhesive plaster is all that is necessary afterwards, if the ulcer is not quite healed.

The dressing is also applicable to other diseases, such as abscess and sinus, especially when connected with joints. I saw a case of synovitis of the knee joint with sinuses treated by M. Guérin. The sinuses were laid freely open, and the apparatus applied. * * * The result was beautiful; all the incisions healed, and the knee about the same size as the healthy one. In these cases it is necessary to apply the wadding from the toes to the groin; in the upper extremity, from the fingers to the shoulder.

In having recourse to this method of dressing, various precautions must be attended to. The patient, during its application, should be in an apart-

ment where the atmosphere is pure, and then carried back to his own ward. The compression by the bandages ought to bear on all parts alike, and be, at the same time, powerful. It is, therefore, necessary occasionally during the first twelve days, to apply more wadding and bandages, so as to conduce to this end. In amputations at the thigh, the stump is liable to elevate itself and cause the bone to protrude, this will be avoided by maintaining it in the horizontal position. The temperature must be taken regularly, morning and evening, as it will give the first indication of any thing going wrong. Nothing need be apprehended if it remains normal after the first forty-eight hours.

The advantages contended for by the advocates of the "pansement ouaté," are:

1. Avoidance of the action of the air, which irritates not only by its physical properties, but also by reason of the minute organized bodies which it holds in suspension.

2 A compression, firm, elastic, and sustained, which moderates the afflux of blood, and produces rigorous immobility of the parts, both in themselves powerful antiphlogistic agents in the treatment of wounds.

3. Remarkable diminution and frequently total absence of pain.

4. Constant, uniform temperature of the parts; also an important agent in the treatment of wounds.

5. The ease with which it is applied, and the avoidance of the evil consequences of dressing the wound daily, or every two days.

6. The protection afforded locally, thus facilitating the transport of the sick, and their dissemination in crowded hospitals.

Lastly, The statistics of M. Guérin show a very marked diminution in the mortality of his large operations since his adoption of this method.—*Walter Reid, M. D., in London Lancet, April 26.*

Dr. Lionel S. Beale on the Action of Alcohol.—This eminent authority, after an able *resumé* of the subject, sums up as follows:

"1. In external wounds, and in internal diseases where alcohol acts beneficially, the good result is, in part at least, due to the alcohol checking the *increased action* already established.

"2. Alcohol does not act as food; it does not nourish tissues. It may diminish waste by altering the consistence and chemical properties of fluids and solids. It cuts short the life of rapidly-growing bioplasm, or causes it to live more slowly, and thus tends to cause a diseased texture, in which vital changes are abnormally active, to return *to its normal and much less active condition.*

"3. In 'exhausting' diseases alcohol seems to act partly by diminishing very rapidly the abnormally-increased growth of bioplasm. The quantity required will depend upon the extent to which the changes alluded to have proceeded. In extreme cases half an ounce of brandy, or even more, may be given for a time (in some cases even for several days) every half hour; and there is reason to believe that in desperate cases life is sometimes saved by this treatment.

"*Practical conclusions.* Lastly, I shall venture to repeat here the conclusions I arrived at many years ago concerning the great value of the alcoholic treatment of low fevers and inflammations. Increased experience has afforded further confirmation of the correctness of the statements made in the paragraphs below. I do not, of course, refer to slight cases of fever, pneumonia, etc., in which no stimulant whatever may be required, but to *very severe cases of disease* only.

"1. In what appeared hopeless cases, as much brandy as the patient could be made to swallow (an ounce and a half to two ounces in an hour) has been given for several hours in succession, and then as much as thirty ounces a day for several days, not only without producing the slightest intoxication, vomiting, or headache, but the treatment has been followed by recovery.

"2. I would adduce the fact that a man not accustomed to drink, when suffering from acute rheumatism, complicated with pericarditis with effusion, pneumonia at the base of one lung, and pleurisy on the opposite side, has taken twenty four ounces of brandy a day for eleven days, the tongue being moist and the mind calm during the whole time. While under this treatment, inflammatory products were absorbed, and the general state of the patient much improved.

"3. I have been compelled to give a very weak child, weighing less than four stone, twelve ounces of brandy a day for ten days, while suffering from acute rheumatism, with pericarditis and effusion. This quantity did not produce the slightest tendency to intoxication, or exert other than a favorable effect upon the disease. The patient did not begin to improve until the quantity of brandy, gradually increased, had reached the amount stated.

"4. I would state that among the general conclusions I have reached, after carefully watching more than one hundred cases of acute disease treated with large quantities of stimulants, are the following: That intoxication is not produced; that delirium, if it has occurred, ceases, or is prevented from occurring at all in the course of the case; that headache is not occasioned; that the action of the skin, kidneys, and bowels goes on freely; that the tongue remains moist, or, if dry and brown, often becomes moist; that the pulse falls in frequency and increases in force; that respiration is not impeded, but that, where even one entire lung is hepatized, the distress of breathing is not increased, and it appears that the respiratory changes go on under the disadvantageous circumstances present as well as if no alcohol had been given.

"The conclusion from all this is, most certainly, that alcohol does not do harm in fevers and acute inflammations; that it does not produce intoxication in the persons suffering from exhausting diseases; and that large quantities (from twelve to thirty ounces) may be given in cases which appear very unlikely to recover, and sometimes the patient will be saved. The conviction is forced upon the observer that in desperate cases these large quantities of alcohol are directly instrumental in saving life, not by *exciting or stimulating to increased action, but by moderating actions already excessive*, and at the same time by causing the heart to contract more vigorously, and so continue to drive the blood through the impeded capillaries."

Correction.—In Dr. Whitney's article in No. 6, page 129, Case 1, third line, for "feeling of chyme," read "feeling of dryness."

CHLORIDE OF CALCIUM AS A DISINFECTANT.—Albert Eckstein, technical chemist at Vienna, commends most highly the Chloride of Calcium as a disinfectant for latrines and similar places. He has employed it for two years in his house, where the privy is used daily by at least 100 persons, and has made comparative experiments with other disinfectants, with the following results:—

1. Two pounds Sulphate of Iron in solution. After two to three hours, all bad smell had disappeared, but in twelve hours all the influence of the disinfectant was lost.
2. Sulphate of Copper in solution, the same.
3. Two pounds of the Sulphate of Iron in crystals—their effects lasted two days.
4. Sulphate of Copper, the same.
5. Sulphurous Acid in solution rapidly lost its effect, and was exceedingly irritating to the respiratory organs.
6. Two pounds of impure Carbolic Acid filled the house for two days with such a disagreeable smell, that it was impossible to tell whether original odor was destroyed or covered up.
7. Two pounds of Sulphate of Iron in a parchment sack exerted a disinfecting influence for three full days, and when the parchment sack was drawn up it contained only some dirty, odorless fluid.
8. Two pounds of the best Chloride of Calcium, in the parchment sack, disinfected the privy for at least nine days.—*Zeitschrift des Oester-Apothek-Vereines, Feb.* 10, 1873.

THE RESUSCITATION OF NEWLY-BORN CHILDREN.—* * "All children in whom animation is suspended in consequence of a too protracted passage from the womb to the outer world (whether from want of uterine exertion or insufficiency of room in the passage) may, in my opinion, be divided into two classes. The first is composed of those in whom the head suffers from a redundance of blood, and the second, of those in whom the head is deprived of its proper quantity. In the first class, the redundancy is generally met with in cases where the head presents naturally, but is born some time before the remainder of the body. At first it is of a natural color, but as the uterus continues to contract around the body, forcing it into as small a compass as possible, the blood is gradually driven more and more into the head, which becomes turgid, and when at last the body is expelled, we see the head often almost black, and the body perfectly white. In these cases, the escape of a teaspoonful or so of blood from the funis, before it is tied, as is generally taught and known, aids us very much in our efforts for the child's recovery, which consists mainly of artificial respiration, the hot bath, cold sprinkling, and the application of other stimulants and irritants to the skin.

"In the second class, and this it is with which we have more particularly to do, taking as before a typical case, the anæmic condition of the head, and consequently of the medulla oblongata, and that portion of the spinal cord from whence the cervical plexus is given off, is met with in footling and breech presentations, where the head and neck are both last, and the supply of blood through the funis is nearly or altogether stopped.

"Supposing a considerable interval of time to have elapsed between the birth of the body and the expulsion of the head, we frequently find some such conditions as these: the body and the head pale, and apparently bloodless; not exactly the reverse of those we meet with in the first class, because, although in both cases that part of the child which is pressed upon by the maternal parts last, is most emptied of blood, in the second class, the absence of blood, caused by the pressure on the umbilical cord, prevents a too great congestion of any part of the child. We have, then, a pale flaccid body, scarcely any or perhaps no attempt at respiration, and a few pulsations of the heart in the minute, more or less irregular. We at once make use of one or other of the various methods of artificial respiration, not forgetting the hot bath. Time goes on, and beyond a greater regularity and frequency of the pulse, and a few attempts at respiration, and perhaps a mottled hue of the skin of the body, the head always remaining pale and death-like, we do not seem to have progressed very much. There seems to be no alternative but to go on, hoping the slight improvement will continue, and very often perseverance and skill do at last succeed in effecting a recovery.

"Now I cannot see how we can expect a 'co-ordinate and adapted action of the muscles necessary to respiration,' if they receive no nervous supply, nor can the medulla oblongata receive the impression of the necessity of breathing, and reflect it to the phrenic and other motor nerves, unless a due supply of blood be furnished to it. How then are we to get the blood where we want it? I answer, by inverting the child, and so forcing the blood by its own weight to the lowest part, that is, the head and neck.

"About two years ago I was endeavoring to reanimate a child, whose appearance and condition were just as I have described. More than half an hour had elapsed, and although the child showed no signs of a relapse, it made little if any progress. I took it carefully by the thighs, and held it upside down, gently swinging it backward and forward. In a few seconds I was pleased to see, that although before the whole body was pallid, now the head, and back of the neck, which was in view, were becoming red and turgid, and almost directly afterward, the child gasped violently, inspired, and gave as loud a cry as I ever heard from a new-born child. After ten seconds or so, I reverted it, when all respiration ceased, and the head became white. I then inverted it again, when the respiration and crying re-commenced, and I allowed it to hang by its thighs for at least a minute, rubbing it well over the back of the head and neck, and pouring hot water over it. When the action of the lungs seemed to have fairly set in, I allowed it to lie on the nurse's lap with its head lower than its feet, and so it remained all night. The next day it was quite well.

"It was very interesting to notice how the reflex action manifested itself while the child was turned upside down, the stimulus of cold, applied to the back of the head, shoulders, and upper part of the back, acting on the diaphragm through the superficial branches of the cervical nerves and the phrenic. This entirely ceased when the respiratory tract was insufficiently supplied with blood, as it was when the child was held upright. This is the history of my first case, and I was much struck with the decisive results obtained. Since then I have had altogether nine cases of this class, which I may here remark, though it is perhaps scarcely necessary, is by

far the more dangerous of the two. Of these nine, two never breathed, and the heart sounds could only be heard two or three times. They died almost immediately after birth. The other seven recovered. They varied considerably in regard to the time which elapsed before they could breathe naturally, but in all of them, I was able to materially shorten my labors, and the anxiety of the by-standers, by inverting the child as soon as a few attempts at respiration had been made. I think I have shown pretty plainly that this simple procedure is of considerable use, in addition to the other means, supplementing but never superseding them."—*John Gregory, L. R. C. P. E., in "The Doctor,"* 1872.

CHINESE PHARMACY.—Dr. Ferrand *(La France Médicale,* March 15th, 1873) says the Chinese materia medica is very extensive, and the majority of the substances found in European pharmacies are found in China. The Chinese hold that many substances have special influence on particular ailments, and that nature has offered to man signs by which to recognize substances poisonous to him. Some plants are good to make the beard grow, others the nails, &c. The vegetable astringents, Alum, Salts of Iron, Lead, Silver, and bitters are employed by the Chinese in diarrhœa, spermatorrhœa, atony, and sweating. They use Saffron and Ergot of Rye, and Maize, as emmenagogues, Mercury in syphilis, and Arsenic in hepatic affections and intermittent fevers, Iron as a strengthener, Nitre as a diuretic, &c.

Surgical anæsthesia is not unknown to them, whether local or general, and they make use of, to produce it either interiorly or by rubbing on the part, *Azalea Procumbens.* Chinese physicians also know that some substances are incompatible, and cannot be made up in the same preparation; and they point out certain antidotes against poisons, such as *phasulus angulatus,* or arsenic poisoning. Many other preparations are employed by them, exactly as is done in Europe; such as Sulphur, Acetate of Copper, Castor Oil, Aloes, Rhubarb, Aconite, Veratrum, Colchicum, Musc, Opium, and the poisonous Solanaceæ. Betony is used to get rid of the effects of drunkenness, and *Alisma Plantago* to make lactation more active.

PERCHLORIDE OF IRON IN VARIOLA.—Dr. Silberglist, in a recent epidemic of variola, obtained very decided benefit by administering about thirty drops of the Perchloride of Iron mixed with Glycerine, every hour, until several doses had been taken. The pustules were speedily transformed into dry crusts, and the swelling of the mucous membrane soon diminished. The medicament acted both as an astringent, through the medium of the blood, and locally, through the Glycerine.

SILPHIUM LACINIATION.—Dr. G. A. Hall, of Chicago, speaks highly of this remedy in the treatment of *mucus asthma, bronchitis, catarrh,* and other diseases involving mucus surfaces. The symptoms are scraping, tickling and irritation of the fauces and throat, nausea, faint feeling and sense of soreness in epigastrium, a desire to hawk and scrape the throat, throwing off a thin, viscid mucus. Irritation extends up posterior nares, involving mucous membrane of nasal passage, producing sneezing, followed by a discharge of limpid, acrid mucus from the nose, attended with constriction and pressure in supra orbital region. Rough cough, attended with expectoration of yellow mucus. A constriction and tightness in the lungs, with a constant disposition to raise; hacking, spasmodic cough. In chronic phthisis, characterized by copious expectoration of stringy, frothy mucus, he has given it with great success. He gives the remedy in the first and second decimal trituration, two grains, gradually increasing to ten grains, every two hours.

DR. BACON discredits the diagnosis of softening of the brain. He has received into his asylum many patients judged by their physicians to be affected in this manner, but has never, on *post mortem* examinations of the brain, found any particular signs of softening.

DENSITY OF WATER.—Thirty-nine degrees is commonly given as the temperature at which water attains its greatest density. Experiments conducted by Desprets and others show that this holds good for fresh water only. Salt water grows steadily denser as the mercury descends, until the freezing point is reached.

News Items.

PRIZE ESSAYS.—The Empress of Germany, upon the occasion of the World's Exhibition at Vienna, offers two prizes in the sum of two thousand thalers each, for the following two essays: No. 1. For the best manual of technical surgery in war. No. 2. For the best treatise on the Geneva Convention. The prize essays to be sent to the Central Committee not later than 15th May, 1874. We wish that some of the American surgeons of our school would enter the lists of competition for the first prize. The extended experience which some of them had in our recent war, together with their great practical experience and skill in private practice, would enable them to compete with a fair chance of success. If they failed of the prize we might still have a work which would do credit to American surgery.

CONIUM.—In the New York State Lunatic Asylum, experiments have been made with *Conium* in the treatment of insanity. It is found to have a soothing effect on the motor centers, its action on the motor tract being analogous to that of Opium on the brain. Hence it tends to quiet and renovate the whole muscular system. This has long been a favorite remedy with our school in the treatment of nervous diseases, and when given according to its indications, in proper doses, has a powerful remedial action. If our allopathic friends will carefully study our Materia Medica in the right spirit, they will find in it a mine of wealth. Their great difficulty lies in giving the drug in too massive doses, getting rather its drug than its curative action, and, therefore, producing positive harm.

ARSENIC IN CONSTIPATION.—M. Isnard, in *Le France Méd,* recommends Arsenic in the treatment of constipation, especially in females, in doses of about the one-five-hundredth of a grain three times a day.

MOTT.—The widow of the late Valentine Mott died in New York, June 2d, aged 77.

A coal dealer asked a doctor "How is business?" "Very much like yours," was the reply, "Few-ill" (fuel).

Original Articles.

THE TREATMENT OF DYSPEPSIA WITHOUT MEDICINES.

By John C. Minor, M. D.

The purpose of this article is to consider the non-medicinal treatment of the common forms of Dyspepsia; and more particularly, that large class of cases which are regarded as examples of functional disease.

It is a lamentable fact, that although researches of the most varied and profound character have been made into the mysteries of the digestive process, and with the most brilliant results, those results have been interesting rather than practical. We know that "bread is the staff of life," that digestion is blood-making; but although our bread is better than that of our fathers, our lives are worse, for we are a generation of dyspeptics in spite of our superior cooking. A disease that has many remedies is a hard one to cure; and the intractable nature of the dyspeptic stomach is upheld by the testimony of an innumerable army of patent medicines. It appears to make little difference so far as the unhappy dyspeptic is concerned, whether he is washed by a hydropath, wrung out by a manipulator, or hung out to dry on his own account, his stomach remains most foul, and he can neither eat what he likes, nor like what he eats. If tired of life, he seeks a relief from earthly ills at the hands of our confreres, the "regulars," ten chances to one he escapes with his life and comes a worse dyspeptic than ever, to ask what homœopathy can do to cure him.

In looking over my own notes and comparing them with those of others, I conclude that so far as dyspepsia is concerned, either our memories are bad or our cures are few. For myself, if I exclude those whom I "cure often," and count only those who "stay cured," I may frankly say that I never cured a case of chronic dyspepsia with a purely medicinal treatment. Of the absolute cures, every one has been due to something peculiar in the exercise or diet. For purposes of relief, or reversing the usual idea, as valuable adjuvants or accessories, medicines are of great value, but they are not often curative agents in dyspepsia.

The failure of medicines to cure the condition is, in part, from the fact that dyspepsia is often a habit (an unconscious one, it is true) rather than a disease, for nerves and blood-vessels are capable of becoming idle and dissipated when brought under bad influences. Again, the good effect of remedies is generally counteracted by improper or inappropriate exercise or diet. On the other hand, the good effects of diet and exercise are too frequently destroyed by remedies that accomplish either good or evil, but have no middle course of perfect safety. Dr. Guernsey was once, at my request, summoned to share with me the responsibilities of a case of persistent vomiting that came under my care, after three distinguished physicians of the old school had tried in vain to control it and the patient seemed at the point of death. It is unnecessary to give the details of treatment by which homœopathy saved the patient's life. It was somewhat suggestive, however, to notice the quantities of bottles that were left behind by our predecessors; and almost the last remark of the old-school family physician as he presented the patient with his final mixture was: "Be sure and shake it well, my dear madam, for otherwise the amount of *Prussic-acid* in a dose might be too great for your feeble system." So far as the permanent cure of chronic functional dyspepsia is concerned, the results are a thousand to one in favor of the treatment that gives the least medicine and pays the most attention to diet and exercise.

At once we are met with the unanimous protest of all dyspeptics. They have lived on Graham bread and vegetables, or they have swallowed all sorts of slops that vegetarians inflict upon the inmates of hygienic institutions. They have been abstemious and frugal in every way, eating but one or two meals a day, and all without benefit; therefore, there is no help for them in dietetic treatment. Perhaps not; but, as not one in a hundred with all this hungry and thirsty experience has ever had any proper dietetic treatment, it is worth trying. As regards exercise, the dyspeptic may be already a perfect giant in strength, an accomplished athlete, taking long walks daily, and occupied, perhaps, in some business that gives him constant exercise, and yet he has not had the kind of exercise suited to his stomach, and has to learn from a new experience that a healthy digestion is not the necessary accompaniment of huge muscles or a portly habit. His habits of life may be regular in all respects, and still they may be in direct violation of the laws of health. In fact, there is a wide-spread misapprehension about the whole subject of diet, exercise and other kindred topics, that arises from the fact that the popular authorities have given certain rules which are blindly followed, in utter disregard of the continual evidence that Nature's work is never duplicated, and that what may be a law of health to one will perhaps lead another into positive disease.

It follows naturally, that each case must be carefully isolated and studied by itself, and that the remedial measures must be adapted to the patient's peculiarities of temperament, constitution, habit, or whatever you choose to call those characteristics that distinguish his individuality.

If we can discover the cause of the dyspepsia, if we can trace it to any indiscretion in eating or drinking, or to any other palpable source, the cure is, of course, an easy one in most cases. But, unfortunately, the problem is generally a difficult one, and in a large majority of cases, even of those that we cure, it remains unsolved. In the absence, then, of any discoverable cause for the trouble, or, in other words, in most cases of dyspepsia, our treatment, whether medicinal or dietetic, in most cases resolves itself finally into a series of experiments upon the digestive system.

In considering the treatment of dyspepsia without medicines, there are two methods that are especially worthy of trial. The first relates more to exercise than to diet, and in my opinion and experience, is applicable to every form of functional disease of the stomach or abdominal viscera, and is more reliable than any other single method. Dr. Dio Lewis first reported the process, and I give its description in his own words:

"Some years ago a physician in New York city published a small book, in which he gave well-written certificates of marvelous cures of dyspepsia. Patients began to flock to him. Their introduction to his treatment was very queer. He took the

patient into his consultation office, examined his case, and if it was one he could cure, he announced his fee at one hundred dollars, to be paid in advance. If the patient's confidence was strong enough, the money was paid, and then the doctor took him through a hall, up a flight of stairs, through another hall, then through a room, down a flight, then to the right, then to the left, and at last they arrived in a small room without windows, artificially lighted, and in that room the patient was required to put his name to a solemn vow that he would never reveal the modes of treatment. This being all finished, the patient was introduced to the treatment. It consisted in slapping the stomach and bowels. Besides this, the patient was required to live temperately, and much in the open air. On rising in the morning he was required to spend from five to ten minutes in striking his own abdomen with the flats of his hands. Then he went out for a morning walk after having drank a tumbler or two of cold water. At eleven o'clock in the forenoon he spent a quarter of an hour or more in slapping the bowels with his hands. Then he laid down to rest. He dined temperately at two o'clock, and spent the afternoon in sauntering about. At seven o'clock in the evening he repeated the percussion, and went to bed at nine o'clock. A majority of the cases of dyspepsia that sought relief at this establishment had used all the other means except the slapping; that is to say, they had lived on plain food and much in the open air. It was the slapping, the pounding with the fists, kneading with the fists, sometimes with the fists of an attendant, that cured these people, for cured they certainly were. Marvelous cures were effected at this establishment. After the death of the doctor, some of the patients felt themselves absolved from the obligation, and one of them described the treatment to me. In every case of indigestion, no matter what may be its character, slapping the stomach or bowels with the flats of the hands on rising in the morning, four hours after breakfast, and in the evening on going to bed, is excellent treatment. I cannot conceive of a case of chronic indigestion which such manipulation would not relieve. If the patient be so weak that he cannot perform these slappings or kneadings upon his own person, the hand of a discreet assistant should be employed. It is marvelous how the body, the stomach for example, which, when these manipulations are first practiced, may be so very tender that the slightest touch can hardly be borne—it is marvelous how, in two or three weeks, a blow almost as hard as the hand can give is borne without suffering. If you have a pain in the side or across the chest, percussion will relieve it almost immediately. But constipation, dyspepsia, torpidity of liver and other affections of the abdominal viscera are relieved more surely and completely than any other class of affections by percussion, kneading, etc. Such treatment comes under the head of counter-irritation, a new circulation is established in the parts near the point of suffering and congestion. Besides this, especially in abdominal troubles, the manipulations appeal directly to the contractility of the weak relaxed vessels in the affected parts."

My own experience fully confirms nearly all that is claimed for this process. In many cases I have found it unnecessary to pursue the treatment so far as in the description given. The efficacy of the method is not, in my opinion, due to counter-irritation, as Dr. Lewis supposes, for in that case other counter-irritants, such as blisters, mustard plasters, &c., would accomplish the same result. But we know that mere counter-irritation has no such effect, and hence we must look a little deeper for the explanation of this peculiar action of the slapping process. To my mind, the most rational explanation is found in the mechanical determination of the blood from the centre toward the surface. It is probable, and, reasoning from such pathological data as are most closely connected with the subject in hand, we might perhaps say it is certain, that in all cases of dyspepsia, from whatever cause, there is a more or less congested condition of the capillary vessels of the digestive organs, and that whatever treatment will restore the proper balance of circulation will cure the case. Now that is just what this treatment accomplishes. A brisk rubbing of the skin with the hand or a course towel also determines the blood to the surface, but in this case it is only the circulation of the skin that is stimulated; the slapping brings the blood from a greater distance, and affects the most central organs. Taking this view of it, I have depended mainly on the slapping, and have seldom found it necessary to give any special rules of diet or open air exercise further than to see that the diet was wholesome and the exercise sufficient without being fatiguing. There is generally no need of interrupting the business of the patient. If he slaps himself as often as he eats, two, three, or four times a day, it is sufficient. This operation must not be performed immediately after eating; two hours, at least, should intervene between the meal and the exercise. I have remarked that this treatment is adapted to every case of dyspepsia, but I must confess that in the dyspepsia of pregnancy I have not tried it; although I believe, if judiciously used, it would do good, yet in this instance my practice and my theory remain separate.

The second method is not so generally efficacious as that of the mysterious physician quoted by Dr. Lewis, but it is adapted to a wide range of cases, and it bears the high authority of Dr. Brown-Séquard. This treatment I have also tested sufficiently to say from experience, that it is in many cases an excellent method, but I have much less confidence in it than in the one I have given. It relates not to exercise but to diet, and is, practically, a very difficult method of treatment. I present Dr. Brown-Séquard's account of it condensed from the original:

"In 1851," says Dr. Brown-Séquard, "I had to treat a very bad case of dyspepsia, and succeeded in curing the patient by a plan of treatment which, I think, deserves attention. Since that time I have employed it with complete or partial success in a number of cases of dyspepsia, of chlorosis, of anæmia, and also as a means of ameliorating or curing nervous affections caused by gastric disturbances or poverty of blood. I could not say, as I have not kept notes of all the cases, how many times it has succeeded or failed. In a number of instances where failure occurred, I have found that the patients had not carefully followed the rules, and that the failure was, at least in a good measure, due to this lack of care. In two cases only some increase of flatulency and of acid eructations took place during three or four days, when the plan was given up. In a case of dropsy, attended with anæmia, dyspeptic pains

were increased for a week, when the plan was abandoned. These are the only instances I remember in which some bad effect was produced by this plan, and this aggravation soon ceased.

"The first patient I submitted to this plan was a scientific man, 34 years old, of strong constitution, but reduced, from several causes, to a lamentable state of health. For about eight years he had been working very hard, taking no exercise, and living almost all the time in a vitiated atmosphere. He slept very little, and usually passed 18 or even 19 hours a day writing, reading, or experimenting. His diet was miserable, and, with the object of avoiding the need of much food, he took a great deal of coffee. He gradually, though slowly, became exceedingly weak. His digestion, which had been very good all his life, before he began to work so much, had gradually become very bad. He suffered greatly from pyrosis, and a feeling of great distress, and gastric distension after each meal. Acid eructations and gas were frequently thrown up into his mouth, and when he did not vomit he found that his food remained on his stomach so long, that in the morning he frequently rejected things eaten the previous day. At last he had to give up work and stay in bed. But no improvement occurred from the rest he then had, or from various modes of treatment. His emaciation and weakness and dyspeptic symptoms increased, and his friends decided to have him removed to the country. But he was so weak that he had to be carried in a litter to the railway station. After a few days, finding that he had not improved, I decided to try a radical change of his alimentation, as regards the quantity of food to be taken at a time. Instead of *three* meals a day, I made him take *sixty* or more. Every twelve or fifteen minutes he took two or three mouthfuls of solid food, chiefly meat and bread. He drank a little less than a wine-glass of Bordeaux wine and water every thirty or forty minutes. On the very first day this mode of alimentation was begun, his digestive troubles disappeared, and within a week he was so well that he returned to Paris, not, however, to go to work again, as he had been rendered wiser, but to prepare to go to the sea-shore. He continued the same mode of alimentation for about three weeks, and then gradually diminished the number of his homœopathic meals, and increased the amount taken at each of them, until in about eight or ten days he came to eat only three times a day, and a full meal at each time. His strength during the first week had become almost as great as it ever had been previous to his illness. Since that time up to this moment his life has been one of great hardship, which he has borne remarkably well, and dyspepsia has only troubled him in a slight degree, rarely and for short periods.

"In one case only besides the preceding have I seen as rapid a return to health. That was the case of a young lady whom I saw last year at Jamaica Plain, in consultation with my learned friend, Dr. S. Cabot, of Boston. In the case of this lady there was this additional good effect to this hygienic treatment, that the bowels, which were very costive before, began to act pretty well almost at once.

"The plan, as stated in the above case, consists in giving but very little of solid or fluid food or any kind of drink at a time, and to give these things at regular intervals of from ten to twenty or thirty minutes. All sorts of food may be taken in that way, but during the short period when such a trial is made, it is obvious that the fancies of patients are to be laid aside, and that nourishing food, such as roasted or broiled meat, and especially beef and mutton, eggs, well-baked bread, and milk, with butter and cheese, and a very moderate quantity of vegetables and fruit, ought to constitute the dietary of the patients we try to relieve. This plan should be pursued two or three weeks, after which the patient should gradually return to the ordinary system of eating three times a day. * * *

"I will not enter into a long explanation to show how a marked benefit or a cure can be obtained in functional dyspepsia, in anæmia, and other affections, by this mode of alimentation; I will simply say that the facts I have observed agree with the view that we are naturally organized, like most, if not all, animals, to eat very frequently, and not, as we do, two, three, or four times a day. It seems certain from the facts I have observed that functional dyspepsia, when once it has begun (never mind by what cause), is kept up and increased by distension of the walls of the stomach. This fact is already well known, and physicians generally recommend that the quantity of liquid taken be very small, and that the solid food be as nourishing as possible, so that its bulk may be reduced, with the view of avoiding great dilatation by the fluid and solid substances introduced in the gastric pouch. But although deriving some benefit from this diminution of distension, many patients continue to suffer who might be benefited or cured by the plan I propose. * * *

"It is probable that the good obtained from this plan in dyspeptic patients depends at first on the rest given to the irritated stomach, and subsequently on a great amelioration in the quality of the gastric juice.

"In anæmia and chlorosis, not complicated with dyspepsia, the advantage of this plan lies in the rapidity of formation of blood from the notably increased amount of food that the patient can digest.

"I have made but very few trials—and incomplete ones—of this plan in cases of organic affections of the stomach. I cannot but think, however, that it deserves being tried in most of such cases.

"Against the obstinate vomiting of pregnancy this plan has already been employed successfully by a number of physicians, and once by myself in a case in which many modes of medical treatment had failed."

My experience with this treatment has been more satisfactory in cases of organic disease of the stomach than with purely functional dyspepsia, and naturally so, because the dyspeptics were well enough to rebel against the treatment—the others were not, until the treatment had made them so. In one case of stricture of the pyloric orifice, and in another of cancer of the stomach, the effect of this treatment was very marked, although both patients eventually died. In the dyspepsia of pregnancy it has been of the greatest service to me.

The practical consideration of the question of food is a topic that is most satisfactorily disposed of by those who know the least about it. "If educated men in general," says an English writer, "were to be instructed in physiology, and knew the amount of untiring energy, strong will, and zealous hope, which have been expended by minds of large calibre, in the endeavor to push scientific research to a

union with practical dietetics; if they saw the incapacity for unraveling what we know must be the simplest knot, the daily overthrow of hitherto certain facts in the process of digestion, and the inability to put others in their stead, there would be no danger of their being 'puffed up' by such knowledge." After reading the "Chemical Letters" of Baron Liebig we are convinced that the process of digestion is merely a process of combustion, and that the human frame is an animated combination of a gas stove and a steam engine, requiring only certain proportions of coal and water or their equivalents for its proper working. But in Moleschott's "Handbuch der Diätetik," which Dr. Lehmann says is the best that has been written on the subject, we find Baron Liebig's theories scattered to the winds. But Dr. Lehmann again gives us hope when we read in his "Physiolog. Chemic:" "As the founder, after he has assayed the ore, knows how to mix his fluxes in a proportion corresponding to its contents and suitable to smelting it, so should it be the aim of the physiologist to calculate for a given organism under given circumstances the proportions in which the individual alimentary principles must be combined so as to ensure a favorable result." How do these theories, the result of scientific research and experiment, work in actual practice? In one case a careful application of dietetics failed to affect in the slightest degree a case of dyspepsia of long standing. The patient grew worse and suffered intolerable anguish of mind and body. The food passed away undigested, or was rejected from the stomach. I resorted to the use of pepsin, bismuth, and the usual list of remedies used by the old school, of which I was then a member, and finally abandoned all special treatment and contented myself with giving the blandest and most nourishing diet in small quantities, frequently repeated. Still the patient grew worse, and finally was attacked with dysentery, which was at that time prevailing as an epidemic. After the patient was apparently beyond all hope, dying as I supposed, I was dismissed from the case, and an old quack, who had never read a book in his life and was unable to write his name, but had what he called "a natteral gift," was called in. He cured the patient, not only of the dysentery but of the dyspepsia as well, and his treatment, moreover, was a purely dietetic one. Observing that "Any one could see that the innards of the man was sore and wanted greasin'," he proceeded to grease them accordingly. Taking a quantity of mutton suet he melted it and fed it to the patient, a tea-spoonful every twenty minutes. He was kept on this diet exclusively for ten days, and then gradually resumed his ordinary food. This experience has not convinced me of the necessity of "greasing the innards" of dyspeptics, but it is merely one of many examples that have led me, when considering the subject of food, to accept the conclusions of scientific authorities with but moderate enthusiasm, and never to discard an empirical treatment because its *modus operandi* is not understood. Another case in point occurs to me. A gentleman of this city, whom I have known for twenty years as a thin, emaciated, dyspeptic-looking individual, has lately attracted my attention from the wonderful and rapid improvement in his appearance. He is now in perfect health, of robust habit, his flesh firm and solid, and displaying in every aspect the evidences of a vigorous mind and body. In search of practical information, I inquired if he knew the cause of his rapid improvement: "Of course I do," he replied, "two goblets full of water every night, just before going to bed, for six months, raised my weight from one hundred and fifteen pounds to one hundred and fifty." His theory of his case was a peculiar but not an irrational one. He was not a dyspeptic, but partly from his sedentary life and partly from unknown causes, his health was never good. He felt as though he was being consumed by an inward fever. With very little body-work and almost incessant head-work, his vital machinery had been thrown out of balance, so that there was too much friction somewhere. He drank but little at his meals, and, upon thinking over his case, he concluded that the blood in his emaciated body, instead of being too thin, as he had always been told, was in reality too rich—his system needed more water. He resolved to test the matter by living in all other respects as usual, but at night, just before retiring, he would drink two goblets full of water, not ice water, and this habit he would continue without variation for six months. At first it was hard work to take down so much water at once, but in a short time he became accustomed to it, and the improvement began so quickly that his treatment was well supported by the palpable evidence of success.

And so, if time permitted, I might go on giving cases, no two alike but all pointing to the same practical inference, viz.: That "one man's meat may be another man's poison." The rules of dietetics as laid down in the best works, as supported by the ablest experimenters among the physiologists, and as accepted by a large proportion of the profession, are, in actual practice, a source of much disappointment to physician and patient. And this arises, I believe, from the fact that those rules are intended to cover the general average of healthy stomachs, and so far perhaps they are reliable. But in practice, every case is an exceptional one in some respects, and nothing but disappointment can be expected to result from an attempt to supply the necessities of a deranged system by administering the food required for a healthy one.

Are we, then, to throw aside all the results of scientific inquiry on the subject of food and trust to pure empiricism? By no means; but we will succeed best when, as Bacon expresses it, "being learned, we incline to the methods of experience; or being empirics, we incline to the methods of learning." The researches of physiologists have shown that there are certain essentials in the process of digestion which cannot be omitted without the probable occurrence of dyspepsia—they are absolutely requisite for thorough digestion. Therefore, the physician will attend carefully to these particulars in dyspeptic cases, even though other treatment, such as the slapping process, or Dr. Brown-Séquard's method may be necessary to perfect the cure.

There must be, in the first place, a thorough mastication and insalivation of the food. Hence, it may be necessary to prescribe a good set of artificial teeth as a scientific remedy for some dyspeptics; and in this connection, it will be well to remember that, as was shown by the late Dr. Walter Williamson, of Philadelphia, dyspepsia may be produced and perpetuated by wearing artificial teeth on "rubber plates," the trouble having been traced directly to the mercurial symptoms produced by the coloring matter

in the plates. One patient of mine, who resided a short distance from the city, was cured of dyspepsia by being advised to take a later train in the morning, thus enabling him to devote half an hour to his breakfast, instead of five minutes, as formerly. In some cases proper insalivation will not take place if the food is insipid or unsavory. The salivary glands may need stimulation by more palatable food, and possibly, by the use of spices, high seasoning and a variety of condiments, such as are generally condemned by the popular authorities as productive of dyspepsia. Such treatment, it is admitted, is not often required, but there are some cases in which it is positively necessary.

In the second place, the food must be thoroughly mixed with gastric juice in the stomach; and this implies a proper muscular action of that organ and a sufficient quantity and quality of the gastric fluid. We know that over-distension of the bladder will paralyze that organ so that it cannot expel its contents, and we may assume with confidence, that an over-distension of the stomach may in like manner result in a paralysis of its muscular coat. Therefore, when we find a dyspepsia occurring from overfeeding, we must direct our attention to the probable existence of a paralytic condition more or less complete. In these cases we may use Dr. Brown-Séquard's method of a great many small doses of food instead of three meals a day, as the most rational and a very effectual treatment. It operates upon the stomach just as the use of the catheter does upon the paralyzed bladder, by preventing distension, and thus permitting the muscles to recover their tonicity.

The muscular contractions of the stomach are under the control of the sympathetic system of nerves; hence, any strong emotion, exciting news, or intense mental strain will take away the strongest appetite. Such causes, at times, appear to stop the entire digestive process; the secretion of the fluids ceases, and all muscular action is interrupted until the cause is removed. At such times, the food might as well be out of the body as in it; and this brings us to another practical point. The good old-fashioned habit of eating a hearty dinner in the middle of the day, and a light tea at six o'clock, is often held up as a model for dyspeptics to follow. But we must remember that most of our patients, in this city at least, are business men, actively engaged all day long in the most intense application to their pursuits, and that if a hearty dinner is taken at noon, the chances are that but little of it will be digested until after business hours. Therefore, we may often give the best advice to our patient by recommending a light meal at noon and a six o'clock dinner.

If we suspect the trouble to lie in a deficient secretion of the gastric juice, we may accomplish something by supplying the deficiency with pepsin. Electricity may also be used, not only to increase the secretion, which it does most effectually, but also to stimulate the muscular action of the stomach. It is not, however, as efficient in its action upon the muscular coating of the stomach as would be supposed, its principal use, with me, in dyspepsia, has to stimulate the glandular secretions. A mild current from the galvanic battery has been of the most service.

Lastly, the food must be acted upon by the biliary and pancreatic fluids, and the peristaltic action of the intestines must exert its proper influence. The length of time that elapses after taking food, before the dyspeptic symptoms begin, careful percussion of the stomach, the seat of pain, and the general character of the symptoms, will often enable us to determine whether the source of the trouble is in the stomach or below it. If the difficulty begins just as the food passes into the duodenum, we may suspect that the liver or pancreas is at fault. The concomitant symptoms, the existence of piles, the color of the skin and sclerotic, the appearance of the excreta, &c., will enable us to decide as to the liver. A pancreatic lesion cannot be recognized, however, except, in rare cases, by the character of the feces. The regurgitation of food mixed with bile, the existence of habitual constipation, &c., will give us some idea of the location of the trouble. As to treatment, the slapping process will prove of general use. Electricity will also be of assistance, and in many cases curative. The administration of the "pancreatic emulsion," an English preparation, made, as I suppose, from the entire organ, preserved, without cooking, in palatable shape, is of great service in some cases.

In many of these cases a medicinal treatment will materially assist the cure, but it is surprising how much can be done without medicines, and it is worth while to see what can be accomplished by other methods first, before resorting to their use. Want of space obliges me to omit a consideration of the effects of particular diets, change of climate, &c.

Pregnancy with Imperforate Hymen.—Several cases have been recorded, at various times, in which impregnation has taken place, although the hymen presented only a small opening. Dr. Karl Braun adds a remarkable instance. A married woman, aged twenty, was sent to him from Galicia to have the Cæsarean section performed, as she was pregnant, and the vulva was completely closed. On examination, there was found to be a membrane extending from the rectum to the urethral orifice, and presenting not the slightest trace of an opening. On introducing a catheter when the bladder was full, the result was sometimes the evacuation of a large quantity of urine, while on other occasions only some white acid mucus, apparently vaginal, escaped. It was also found that a fine sound could be introduced into the opening and felt through the rectum, while at the same time the bladder was emptied by the catheter. It became evident that the vagina opened with the urethral canal into a common outlet. Dr. Braun divided the membrane from the urethra to the rectum. The patient was in due course delivered of a healthy child, and returned home a month afterward. Dr. Braun also adds an account of another case lately under his care in which the opening in the hymen was only two lines wide.—*British Medical Journal*, 1872.

Results of Pregnancy in Primiparal of Advanced Age.—Drs. Cohnslein and Ahlfeld have given the histories of 500 primiparæ, whose ages varied from thirty to fifty years. They show that pregnancy in these women was attended with more numerous accidents than in young primiparæ. Operative interference is much oftener necessary and more dangerous, and the mortality in children is also greater.—*Gaz-Hebdrom, February*, 1873.

CLINICAL NOTES FROM PRACTICE.

By Egbert Guernsey, M. D.

Articular Rheumatism.—There is no disease, perhaps with the exception of gonorrhœa, so trying to both physician and patient as rheumatism. When you think you have fairly mastered it you find it has only gone off to some other joint, or that it has attacked the heart, the very citadel of life, and is there sending its thrills of pain through every nerve in the body. The deformities which often follow this disease, the stiffened joints, the valvular disease of the heart, the organic change within the cavity of the head, the ravages wherever the serous membrane is found, cause us to watch its movements with peculiar care. A venerable old clergyman, esteemed alike for his piety and his rare intellectual acquirements, once said to me as I entered his room and found him writhing in agony, with the drops of perspiration standing all over his face, "this is the d——st disease I ever saw." A moment after, when the paroxysm of suffering had subsided, he attempted to apologize for his language, but I interrupted him by assuring him that the occasion quite justified him, as I did not believe any other word in the English language would fully express his feelings.

In rheumatism there is undoubtedly an increase of lithic acid in the blood dependent on excess of the secondary digestion; and notwithstanding there is considerable excretion of acid by the skin, there is an undue balance between the excess of lithic acid and the power of excretion; hence, in our treatment we have to work not only at the local inflammation, but also at the nutritive functions, so as to insure a due balance between the amount of matter entering the blood, as the results of digestion, and that discharged by the excretory organs. Study the symptoms as carefully as we may, we often find ourselves baffled in our treatment, and remedies failing to act as we hoped and expected. Perhaps if we had our patients entirely under our control, and could regulate not only their medicine, but their diet and the temperature of the room, we should be more successful. Dr. Fuller very justly says, "that what is wanted, is far less the discovery of untried methods of treating disease, than of discriminating canons for the proper use of those we possess; far less the discovery of any new medicine, than the adaptation of our present remedies to the exigencies of each case." And yet the arcana of nature is so full of remedial agents, that when we find ourselves so often baffled in the old paths, instead of studying with more care old remedies, we are apt to take a fresh start and look out for something new.

The following cases are narrated to show the effects of a remedy which I had never used in its present form, until within the last year, and the exceedingly happy results obtained from it.

A lady of middle age, and of full habit, consulted me in reference to a severe attack of articular rheumatism. The attack was preceded by considerable fever, with gastric derangement. The marked febrile symptoms soon subsided under the influence of a few doses of Aconite, but the knee became very much swollen, red, painful to the touch, with severe throbbing pain, and the slightest movement attended with severe agony. My experience with the patient in this disease (she had suffered from several attacks before) was not a pleasant one, it running a course very much to suit itself, paying but little attention to any remedies I could suggest, and sometimes lasting several weeks. I prepared thirty drops of Propylamin in four ounces of water, and gave her a dessert-spoon every two hours. In half an hour after the first dose, she said with a smile of gratification, "You have hit it this time, I can feel it go directly to the spot." There was a steady improvement; in twenty-four hours the pain had entirely ceased, and in forty-eight hours every vestige of the inflammation, at first so violent and so painful, had disappeared.

A few days after this case had terminated so favorably, I was called to see a gentleman who had suffered repeatedly from severe rheumatism. The attack usually commenced in the ankle, or wrist, and he was fortunate if in a short time the knee and elbow were not involved. The inflammation was violent, and the pain correspondingly severe. As I entered the room, he said to me, "Well, doctor, I am in for a month's siege, I suppose." "I hope not," I said. "Of course, you hope not," was the reply, "but my organization must be peculiarly obstinate, for the cursed thing generally runs its course in spite of medicine. I thought I would send for you just to try a new hand, but I have not the slightest idea you will be any more successful than the others." I ordered sixty drops of Propylamin in four ounces of water, and a dessert-spoon to be taken every two hours. The result exceeded my expectation, for I found on my visit the next morning, he had passed a tolerably comfortable night, the pain having very much subsided and the swelling sensibly diminished. At my next morning's visit, I found both the pain and swelling had entirely subsided and the disease was fairly mastered.

Elated with the brilliant results thus obtained, I resolved to try it in a case where there was but little, if any, inflammatory action, but more a stiffness and aching of the muscles and joints. The result was an entire failure, the medicine producing no perceptible change in the character of the disease.

I have since tested the drug pretty thoroughly in various forms of rheumatic troubles. It has only been successful in the purely congestive or inflammatory type, and in these cases its action has been really brilliant. Its use thus far is, I believe, simply empirical, as I am not aware that any proving has been made. Dr. Franklin, in his excellent work on surgery, speaks of it in high terms of commendation, and M. Dujardin Baumet, in quite an extensive and thorough trial of the drug, says, "The pain at first was diminished, then the movements became easier, and the swelling in the joints rapidly disappeared. The duration of the attack was much shortened." Dr. Awenarius, of St. Petersburg, first called attention to the use of this drug in rheumatism, for which he considered it so much of a specific that he thought doubtful rheumatism could be diagnosed by its successful use in a few days. Between March, 1854, and June, 1856, he treated, in the Hospital Kalinkin, 250 cases with success. It has also been successfully used in severe cases of prosopalgia, and in paraplegia and hemiplegia, resulting from rheumatism. The Propylamin of commerce is usually obtained from herring pickle, in which it was first discovered. It is a colorless liquid

of a characteristic odor, having decidedly the pungency of ammonia, which is generally mixed with it. It is soluble in water and alcohol, has a strong alkaline reaction, and forms crystallizable salts with the acids. It consists of carbon, hydrogen and nitrogen, and its formula is C^6, H^9, N. It is obtained also from cod-liver oil, by reaction with ammonia in distillation. No other officinal fatty oil yields a similar product. Dr. Winckler has obtained from ergot, by distilling the watery extract with potash, a volatile alkaloid which he named *secalin*. This alkaloid has been ascertained to be identical with *propylamin*, the odorous principle of herring pickle. The peculiar odor of ergot is probably owing to the liberation of its volatile alkaloid. It is very probable that the virtues of ergot are, in some degree, connected with this alkaloid. It has also been obtained as an artificial product from narcotin, codein, and has been found in saline combination in the flowers of cratagus oxycantha, sorbus aucuparia, and one or more species of chenipodium.

Hemorrhoids and Prolapsus of the Rectum.—Our readers will remember two very interesting articles published in the early numbers of this journal on concentrated petroleum, or vasoline. A quantity was left with Mr. Hurlburt for general distribution among the profession, with a request that they would report the result of their experiments and investigations. From the large amount distributed, it is hoped we shall yet obtain some rich clinical experience.

A gentleman about sixty-five years of age called on me a month since suffering from severe hemorrhoids. I found the parts swollen, painful, and very much inflamed. He informed me that he had suffered for years from prolapsus of the rectum, having to replace the parts after every stool, and often after any unusual physical exertion. I recommended the free application of *vasoline*. The relief was immediate, and in three or four days the trouble had entirely disappeared. I recommended the continued use of it after every movement, hoping to strengthen the parts and overcome the troublesome prolapsus. It was applied with a brush to the ordinary water closet paper, and used after every stool. In two weeks time the prolapsus ceased, the parts becoming strong, and the sphincter having very much increased its contractive power.

Accidental Poisoning by Camphor.—Last summer I was called in great haste to see a lady, suffering, as I was informed, from a severe attack of cholera. During the cholera epidemic of 1849, and the less severe but more recent epidemics, I have had scores of cases under my care (as well as sporadic cholera almost every summer), in every stage of the disease, from the first invasion to the last stage of collapse. On entering the room I was startled at the terrible picture of cholera which was presented—the worst stage of collapse. Here was the shriveled and pinched face, the sunken eyes, the hoarse voice, the cold, clammy sweat, the burning thirst, the fearful cramps, the retching and vomiting, the scarcely perceptible pulse, and the rice water evacuations pouring from the bowels, as if all the fluids in the body were escaping. The case brought vividly to mind the scenes I had so often witnessed in the fearful cholera summer of 1849. On making careful inquiry I found for a pain in her stomach she had taken over a tea-spoon—the precise amount I could not determine—of a saturated solution of *camphor*. This was the result—a poisoning by camphor producing all the symptoms of cholera so accurately that even my experienced eye in this disease might easily have been deceived.

MEDICAL UNION CLINIC.

GELSEMINUM IN CEREBRO-SPINAL AFFECTIONS.

By J. N. Tilden, M. D.

While there are, in the practice of every physician, unsatisfactory results from the administration of medicines occurring almost every day, still we can often get such conclusive evidences of the potency and usefulness of proper medication as to serve for encouraging landmarks for our future benefit. The following case furnishes one of those satisfying guide-posts which give hope and help along the routine of professional life and labor:

Sadie H——, aged two years and four months, always well until four or five months since. Has all her teeth save four. Her indisposition has consisted in her having (as the mother describes them) "spells," seems to be dizzy, has a frightened look, says she is afraid; if standing or walking, will fall; apparently cannot see, and cannot move; the muscles refuse to obey volition; is irritable and peevish. These "spells" last for only a short time, not to exceed fifteen to twenty seconds, and then she seems to be all right again. Her appetite is good, but there is difficulty in discharging anything from the bowels, although the *feces* are soft. Sleeps well.

These attacks at first were infrequent, occurring once in three or four days. She was placed under allopathic treatment, and after a course of treatment, extending over a period of nearly three months, comprising the administration of Bromides, Syr. Rhei, Hyd. Cum Creta, Potassii Iodidi, &c., &c., we find her now having the paroxysms often three or four times daily.

The parents relate the history of the case, saying: "She is getting so turned against the medicines that she cannot keep them on her stomach, and we called you to see if you cannot give her something easier to take."

Prescribed Tinct. Gelseminum, three drops in half a glass of water; take two tea-spoonfuls every three hours while awake. Third day of treatment, had one paroxysm (which formed the first evidence of improvement), and from that day, February 17th, 1873, to the present date, August 4th, 1873, there have been no indications of a return of the trouble, her health having been apparently perfect in every respect.

This sudden and complete recovery was not due to the eruption of the remaining teeth, for they did not make their appearance until several weeks after her recovery. The medicine was continued at longer intervals for a couple of weeks after the last paroxysm.

In conclusion, I would state that while the above case offers an admirable group of symptoms upon which to display the curative properties of Gelseminum, it is a medicine which has given me great satisfaction in a large class of nervous diseases, such as intercestal neuralgia, headaches, &c. In eight cases of sporadic cerebro-spinal meningitis (some of which I hope to report at a future time), it has been my main reliance, and thus far, no case under the treatment has proved fatal in my experience. I would be glad to hear from some of the readers of the Union as to their experience from using Gelseminum in cerebro-spinal diseases.

Peekskill, N. Y., August 4, 1873.

SECONDARY PLEURISY OF A PURULENT CHARACTER FOLLOWING SMALL-POX—INUTILITY OF MEDICINES—RAPID RECOVERY UNDER SURGICAL TREATMENT.

By Dr. Cramoisy.

Translated by Dr. John C. Minor.

[Bulletin de la Société Médicale Homœopathique de France, July 1st, 1873.]

A pathological problem of the utmost importance presents itself to the attentive physician for solution with each new case of pleurisy. But if he studies well the nature of these numerous difficulties, he can without hesitation determine the line of conduct he ought to pursue. Not unfrequently the treatment is of itself all the more dangerous to the patient as the necessity for its use becomes more urgent, and its expediency can only be justified by an analytical study of the totality of the symptoms which characterize the disease.

Having been convinced of this idea, and approving the general and complete method brought out by our honorable colleague, Dr. Parthenay, in one of his latest cliniques with reference to the treatment of secondary pleurisy, I believe that the following experience, selected from my private practice, will have a peculiar value in the eyes of my *confreres*.

It is then of the greatest importance to know that a pleurisy which is developed in the course of a scarlet-fever, puerperal fever, small-pox, or other contagious disease, will become a fatal secondary pleurisy, giving rise to an exudation rich in pus, and for which, in consequence, all medical treatment is useless, and it will become necessary to have recourse to surgery. Such is my own opinion, and that of my learned friends Drs. Dieulafoy and Hayem, with whom I have made a great number of autopsies, which have always confirmed this conclusion.

It is to be well understood that I do not class simple serous pleurisies, constituting an uncomplicated disease, in the same category; nor those pleurisies, wrongly called secondary by some pathologists, which complicate acute articular rheumatism, nor those which from long standing have become purulent; nor those again with pulmonary complications such as gangrene of the lung, hydropneumathorax, or pulmonary tuberculosis.

The variety of pleurisy which I wish to describe to my colleagues, and which necessitates at once the operation of thoracentecis, is one that should be classed among the disorders of nutrition, due to suppuration of the plural sac from some external cause, such as the contagion of scarlet-fever, small-pox, &c. It is not such a secondary pleurisy as attacks a debilitated patient already suffering from another affection; such complications depend upon a strongly marked predisposition on the part of the individual to inflammatory diseases in general, and to pleurisy in particular. The pleurisy of which we speak is developed with such rapidity, that all its pathognomonic signs are shown at the very beginning,—dullness, the souffle, ægophony, diminution of the thoracic vibrations, swelling of the thorax of the affected side, &c., and, as the German authors very justly remark, it terminates generally in death. Dr. Jousset holds the same views with reference to pericarditis of a like nature.

The purulent effusion is not absorbed of itself, nor is it aided by medicines. It does not resemble those pleurisies which I will mention as inappropriate for tapping, and in which the fluid is absorbed with tolerable facility with or without treatment. I have said enough concerning this form of pleurisy to show that all medical treatment may be abandoned, since its use is never crowned with success; while, on the other hand, as I am about to prove, tapping the pleura once or several times, with or without a washing out of the cavity, is the only treatment which permits the suppression of the purulent matter developed spontaneously in a closed cavity of vital importance, by virtue of a *determinate predisposition*, as has been shown in so masterly a manner by my venerable and lamented teacher Tessier.

Victor Laplace, five years old, blonde, of nervous temperament, and of marked lymphatic constitution, since he had at the time a scrofulous ulceration on his upper lip, was attacked, during January, 1873, by small-pox of moderate intensity, which confined him but a few days to his room.

On the 15th of January, about eight hours after the appearance of the variolous vesicles, the child was suddenly taken, all at once, by a high fever, headache, oppression in breathing, incessant and spasmodic cough, nocturnal insomnia, constipation, and almost complete suppression of the urine.

The parents called, in succession, two physicians of the neighborhood, who did not recognize the pleurisy—one treating the child for teething, and the other for bronchitis. On the nights of the 5th and 6th of February, 1873, the little patient had two terrible attacks which frightened the parents. They were characterized by the following symptoms: At midnight, while half asleep, after a coughing fit, the child suddenly sprang up in his bed with piercing shrieks—he was afraid of all around, his eyes were wild, his countenance purple or bluish, and he foamed at the mouth. These symptoms are the paroxysms of pain, which those pass through who die asphyxiated, and our little patient was just on the point of expiring from syncope caused by an obstruction of the right side of the heart by the pressure and augmentation of the fluid contained in the left pleura.

Finally, convinced of the critical state of their child, the parents determined to call me to the case upon the next day, the 9th of February, and behold in what a condition I found the little patient, as demonstrated by physical examination.

His heart was pushed way over to the right side, entirely beyond the median line, and, by a pathological anomaly, there was neither souffle, broncophony, nor ægophony, but a perfect immobility of the diseased side of the thorax, exaggerated thoracic vibrations on the sound side, perfect dullness, with enormous distension of the thorax on the affected side; in a word, the left thoracic cavity of the little fellow was filled to the utmost extent with a fluid which, from the circumstances already mentioned, I knew to be purulent. The pulse was 120, the respiration 40 and the temperature 37.4 (cent.)

As I had but little hope of a cure from remedies, I forewarned the family that an operation would be necessary, unless within a few days I should obtain a diminution of the effusion. I prescribed *Cantharis* 1, five drops in half a glass of distilled water, a teaspoonful every hour and a-half, and a very rigid diet.

February 10th. The same condition. All the stethescopic symptoms remain as before. The child passes more urine. I alternated *Cantharides* with *Arsenicum.*

February 11th. The child has slept all night and part of the day; is not so restless. The urine is more abundant, and presents a deposit on cooling. Upon auscultation the same phenomena are present, but the breathing is not so labored and is smoother. Upon percussion, I find a diminution of one or two *centimètres* in the effusion. Continued the same remedies.

February 12th. The fever and chills continue. The appetite does not return, and the effusion remains the same. Continued the same remedies.

February 13th. The child is much worse, he has not slept, and during the night another attack occurred, less severe than the two preceding. Percussion, made with the greatest care by means of Trousseau's instrument, shows that the liquid has again completely filled the chest; all the symptoms already noted from the commencement remain as before. My confidence in remedial measures is gone. I hesitate as to the proper course to pursue, for there is on the one hand a child's life to save, and, on the other, our therapeutics must not be compromised. In the meantime, until the danger is more imminent, I decide to try the remedies indicated by Dr. Gallavardin in his clinical lectures, published in the 27th vol. of *L'Art Médicale.* I give *Senega* 1 every hour.

February 14th. The child has slept, without waking exhausted; he has had a slight perspiration and three turbid emissions of urine. The left side is completely full. I continue the same remedy in a higher dilution and alternate it, every two hours, with *Hepar sulphur* 3d.

February 15th. The same condition. Continue *Hepar sulphur* 1st, in alternation with *Bryonia.*

February 16th. The child continues in the same state, but is growing weaker and more oppressed for breath. In accordance with my expectations, not a single remedy had been of any use for ten days past, and I did not dare to try them longer. I told the family that the operation alone could save their child. The father and mother placed the matter entirely in my hands to do whatever in my judgment was best for the patient. As I did not have my aspirator with me, I deferred the operation till the following day, and, having passed in review all the remedies indicated by Dr. Gallavardin in the other varieties of purulent pleurisies, as *Silicea* and *Sulphur* were all that remained for me to give, I alternated the two.

February 17th. No change in the condition. The heart is always on the right side, and it interests me greatly. The dyspnœa is very great, and there is no respiration in the left half of the chest. As the danger is no greater to-day than yesterday, I wait another day in order to give the last two remedies a chance to show their worth or their inutility.

February 18th. The child being in the same state, I finally performed thoracentecis, with Dieulafoy's aspirator, which I had put off so long solely in the interest of our school, and drew off 600 *grammes* of opaque fluid, greenish in color, which, on examination with the microscope, proved to be full of pus globules. As soon as the fluid had been drawn off, I auscultated and percussed the heart and left lung. The first had returned very nearly to its place, and the second was resonant throughout its whole extent, and gave the vesicular murmur, mixed with a few moist râles, and a slight friction sound from the pleura.

I stopped all remedies, and gave nourishing diet.

February 19th. The thoracic vibrations have returned, and for the first time I can hear a light *souffle* and ægophony at the base of the lung, due to the return of a little of the fluid, and also a few sub-crepitant râles, mingled with the vesicular murmur. The child has slept all night long without coughing, and there is no more oppression. Has passed his urine four or five times within twenty-four hours.

February 21st. Very great general improvement. The child is in good spirits, with good appetite and a better complexion. For two days he has had no cough. The urine is still turbid, the pulse 90, and the temperature 38.3 (cent.)

The febrile state has entirely disappeared with the effusion, and the puncture with aspiration has not given rise to any new issue of fluid.

February 28th. The child is completely cured of his pleurisy, and of his scrofulous eruption [treated with *Iodine* 6], and I have ceased visiting him.

As a corollary of what I have already stated in my preliminary observations, I would say that, in my opinion, this variety of pleurisy is a *purulent diathesis*, just as simple and natural as an abscess in the parenchyma. For those who do not admit the existence of the purulent diathesis, an abscess of the parenchyma is readily explained on the principle of a phlebitis, an embolism, or a thrombus; nevertheless, these explanations are untenable when applied to suppurations of inter-articular, or of serous cavities as in my case.

We cannot perceive the migration of pus globules in nature, nor the extension of proximate disorders, so long as the vessels are intact. Hence there arises the necessity that pus should develop anywhere spontaneously. Tessier, in sustaining this simple and natural theory of pus formation, has not been under the necessity of interposing any special agent. He and all those who wish to observe without prejudice, have seen abscesses form spontaneously in all the organs and tissues, under the sole influence of a simple predisposition, which he has called a *determinate predisposition*, in precisely the same way as an ordinary phlegmon or small-pox pustule forms without any reason for suspecting any primitive vascular obliteration, or the occurrence of a blood clot. As regards the nature of pus, upon which physicians have speculated so much, it is hardly necessary to waste much time. It is a question that cannot be solved, and depends mainly upon the idiosyncracies of the individual, which we can no more explain than we can the various colors of the hair. Our medical authorities show nothing when they say that pus globules are merely the white globules of the blood, serving as a vehicle for infection, and to which they have given a variety of names of similar meaning. Thus, some call them poison, others virus, miasma, fermentation, and, finally, sepsin. All these theories have, in appearance, something tangible, and yet are nothing but hypotheses whose nature permits of eternal discussions, without scientific progress and without benefit to the sick. Of what importance is it to us that in the malignant forms of the purulent diathesis, the blood and the purulent exudation are filled with

quick-moving bacteriæ, while in the non-malignant forms spheroid microcosms are found whose movements are slower and limited? These infusoria have not caused the disease, they have only made their appearance because an element propitious to their development has occurred, just as the growth of favus only appears upon a scrofulous skin.

Finally, from all this I conclude that my little patient had a purulent diathesis, developed by a pleurisy, and partaking of the nature of the metastasis of small-pox.

A SELF-PRODUCED ABORTION AND ITS CONSEQUENCES.

By J. Titus Deyo, M. D.

In the recital of the following case I do not propose to enter at all into a discussion of the morality of the question involved, but shall simply confine myself to a history of the case, its train of somewhat remarkable complications, my treatment, and the result.

In the early part of April last, I was waited upon by a female apparently about 26 years of age, and, to all appearances, an accomplished and respectable lady. The object of her visit was for the treatment of what she suspected to be venereal disease. A physical examination showed her fears to be groundless, there being nothing manifested to justify any such suspicions, merely some slight mucous abrasions of the lower part of the vaginal canal and labia, resulting, as I supposed, from a leucorrhœa of an acrid character. The assurance I gave her to that effect seemed to afford her the most gratifying relief. I prescribed for her condition, and she left without having given me the least intimation as to whom she was or whither she came.

Some two weeks subsequent to this time, I was surprised at her making me a second visit. She informed me that the trouble, for which I prescribed at her first visit, was entirely removed: She stated that she had been married, was divorced from her husband some two years since, and, unknown to her family and connections (most of whom are well known and prominent residents of one of our largest New England cities), she had been living with her former husband during the past winter, and, as a result of such indiscreet action, believed herself now to be pregnant, and advanced in the same about two months; that it was imperatively necessary she should be relieved of her present difficulty, in order to save her reputation, and most beseechingly solicited my good offices to assist her in this sore strait. After having satisfied myself of the fact that pregnancy really did exist, I mildly, yet emphatically, refused to accede to her request either directly or indirectly. She then stated that she had entirely exhausted the category of domestic remedies and nostrums, and was fully determined on ridding herself of this incubus, as she termed it, and to accomplish her purpose, would resort to an instrumental operation at her own hands, being confident of her ability to perform it.

I knew, from her tone, that this was no idle threat. I endeavored to dissuade her from taking any such measures, informing her of the exceeding great personal risk she would subject herself to by so doing, but all to no purpose. She left, and I heard nothing further from her till Thursday P. M. following (this being Tuesday), when I was sent for. I strongly suspected the cause of her illness, and at first hesitated about having anything to do with the case, but finally decided to visit her. I called at about 8 o'clock P. M., found her confined to the bed, and in the following condition: laboring under great mental and febrile excitement; dilated pupils; weak pulse; almost spasmodic rigidity of the limbs; an exceedingly melancholic expression of the face; continual nausea and vomiting; suffering the most intense gastric, abdominal, and uterine cramps, accompanied by strong bearing-down pains occurring every few minutes, and followed by considerable *arterial* hemorrhage from the vagina. On inquiry, I ascertained from her that, on the previous day, she had attempted the accomplishment of her threat, employing for the purpose a flat piece of ordinary whalebone, in length, I should judge, from 10 to 12 inches, one end somewhat curved, and sharpened almost to a point. This self-prepared, infernal instrument she had endeavored to introduce into the uterus, repeating the attempt a number of times; after which, she had injected into the vagina, several times, at intervals of two or three hours, almost scalding hot Holland gin, so strong and hot as to almost wholly denude the vaginal canal of its lining membrane. To make "assurance doubly sure," she had been taking, during that whole day, table-spoonful doses of *Fluid Ext. Secale Cor.* every hour.

The severe vomiting which the drug occasioned each time when swallowed, was undoubtedly the means of saving her life, for such quantities of the poison had she taken, that had even one-third been retained in the stomach, it would have been sufficient to cause death, or at least such a condition as would have ultimately resulted fatally; as it was, sufficient of the drug had gone into the circulation to produce the physical effects aforesaid.

I immediately made a digital examination, which caused most excruciating pain, and found the vulva greatly tumefied, prolapsus of the uterus, the cervix much swollen, though in a flabby, pendant condition; the os somewhat dilated, and each uterine pain followed by a gush of pure, red, arterial blood. The condition of the parts as ascertained by this examination led me to suspect that the instrument had been introduced in so bungling a manner, by reason of the operator's ignorance of the anatomy of the parts, as to penetrate the vaginal walls, puncture the os and cervix in several places, and, undoubtedly, to have entered the cavity of the uterus, and perhaps, passed through its contents and entered the parenchymotous uterine structure. This condition of affairs I subsequently ascertained to be the case.

I felt that that it would be folly for me to attempt to arrest the threatened abortion, that being now a foregone conclusion.

I prescribed *Bell.* and *Arnica*, alternated every half hour, until about 4 A. M., when most of the symptoms had abated. At 8 o'clock the uterine spasms entirely ceased, but returned at 10 o'clock with tenfold intensity, as did likewise the hemorrhage. In less than a half-hour, as a result of one of the most severe pains, the entire contents of the uterus were expelled; the fœtus was from 2 to 2½ months old. The sac, which was partly filled with coagula, showed two ugly and ragged-looking open-

ings, one opposite the other, which proved conclusively that the instrument used had passed entirely through it and entered the uterine wall at the fundus. The hemorrhage following the expulsion was most profuse, so much so, as to cause me considerable alarm. I gave *Caulophyl.*, and *Cinnamom*, and made manipulations over the uterine region, with very little effect. The contractile power of the organ seemed entirely gone. I then gave Opii et Camphor. pil. [U. S. P.] and the flow somewhat lessened during the next hour, still it had been to such an extent as to throw the patient into a condition approaching syncope. I now decided to give a solution of Quiniæ Sulph., grain doses, repeated every half-hour. In less than two and one-half hours from the time of administering the first dose the hemorrhage wholly ceased, the patient felt stronger, and she slept for several hours.

The following day vaginal injections were ordered, of equal parts of *Calendula*, *Hamamelis* and *tepid water*, the canal being in a perfectly raw condition. This afforded almost immediate relief, its application being required for two days only. A bad dysenteric diarrhœa now set in, but was speedily checked by *Arsenic.*, and *Merc. Cor.*

Everything now passed along nicely, but I was constantly on the look-out for metritis or peritonitis, not being thrown off my guard by this apparent immunity, knowing full well that there was only wanted some adventitious circumstance to establish this inflammatory condition, and this circumstance soon came. In spite of my having given her explicit instructions as to her remaining quietly in bed for several days, she very foolishly on the following Wednesday morning, whilst in a state of profuse perspiration, seated herself in front of the open window during the time the nurse was arranging her bed. The result of this indiscretion may be easily imagined. She was attacked with an extraordinarily severe chill, lasting fifteen to twenty minutes, followed by vomiting, this in turn being succeeded by lancinating pains in the left ovarian region; skin hot and dry; burning fever. I was sent for in haste, but did not get the message in time to see her before 9½ P. M. In the meantime the attendant had sent out for some Dovers Powders, several of which had been taken by the patient, the stomach being in such a weakened condition, however, that none were retained, each succeeding powder only causing more severe vomiting and materially aggravating her condition. I found her in a raging fever; muttering delirium; eyes staring wildly and vacantly; pulse rapid and wiry; tossing and throwing herself about in the bed; writhing in agony and crying out with pain; unable to give any intelligible answers to my various questions. *Aconite* and *Bell.* were at once prescribed, and I ordered hot flannel compresses of Witch-hazel and Spts. Camphor to be applied over the abdomen, and to be repeated every ten or fifteen minutes. I looked upon her condition as being decidedly critical, and dared not trust her case to an attendant, but remained at the bed side all night, and personally looked after the treatment. Towards morning there was a material change in her condition for the better; prior to my leaving, the patient had become conscious and begged me to give her something to produce sleep, but I advised her against it, unless her case absolutely demanded it. At 12 o'clock another chill, even more severe than the first, set in, and acute *metritis* and *peritonitis*, with their concomitant symptoms, were developed. I continued *Bell.*, substituting *Cim. Rac.* for Aconite. She described the pains as like myriads of knives cutting in every direction through the entire abdomen; incessantly continued the hot fomentations. Night came, and being obliged to administer Morphine, I prescribed the Acetate, one-sixth grain doses every hour; five doses taken without producing sleep and only slightly lulling the pain. The following afternoon her condition was greatly improved; fever abated, pulse less frequent, pains not so acute, skin moist and more nearly approaching a normal temperature. I would here state, that when the last-mentioned inflammatory condition set in, the uterine hemorrhage likewise appeared, which was as quickly arrested by Quinine as previously. (In this connection I cannot speak too highly of this remedy, looking upon it as possessing full as specific an action on the uterus as does Sec. Cor., without producing such evil effects as does the latter.) There was a very rapid improvement during the succeeding four days; each night, however, I was obliged to give Morphine.

Knowing that I was not yet "out of the woods," the treatment was still continued, fearing a recurrence of the inflammation. The patient had become exceedingly debilitated; no inclination for food; bowels greatly constipated by the Morphine [this was removed by *Leptandrin*]. At this stage, when I was congratulating myself and my patient on her very fortunate recovery, a fresh trouble arose, though not as dangerous, yet full as difficult to contend with as its exciting cause, viz.: acute neuralgia, which manifested itself suddenly and without any premonitory symptoms; the whole pelvis seemingly involved; sciatic and crucial nerves of the left side being also affected. The pain was of the most excruciating character and almost unbearable, infinitely worse than those caused by the preceding inflammation; aggravated by the slightest motion, yet she could not lie in any position to command ease or any degree of freedom from pain. I prescribed *Rhus Tox.*, and *Colocynth*, and the use of the *Ungt. Veratriæ* as a counter-irritant. The neuralgia was protracted and obstinate; in a measure, the result of the severe prostration. Palliatives were necessary to give temporary relief, and the whole trouble only disappearing with returning strength.

PERSONS who prefer to run the risk of performing surgical operations upon themselves rather than incur the expense of employing a doctor, should take warning from the fate of a young man, named Herron, who recently died near Hamburg, Iowa, from the effects of a bungling attempt to vaccinate himself. He had procured some virus from the arm of his sister, who had been vaccinated by a regular physician several days previously, and placed it in his own arm, in an ugly gash made for its reception. To prevent the matter from getting out, he took a piece of damp newspaper, and bound it upon the wound. In a few days afterward, the arm began to get stiff and exceedingly painful; but the symptoms were not those of cow-pox. A doctor, having been finally sent for, made an examination of the wound, and found that mortification had set in. Amputation of the limb was subsequently performed. The shock, however, proved too great for the strength of the young man, and death occurred shortly afterward.—*N. Y. Times.*

CONCERNING THE CIMEX LECTULARIUS.

A CORRESPONDENT writes to me asking for information concerning the Cimex Lectularius, or common bed-bug, to which I have referred in a former letter as possessing singular powers as a remedial agent if used in a sufficiently attenuated form.

In looking over the literature of the subject I am surprised to find how barren it is, and how apparently unfamiliar most authors are with the history, habits and manifestations of this insect. But I am convinced that this is a subject of which many speak with seeming ignorance, while possessing in reality a vast amount of practical information. The profession is a great sufferer from this modesty on the part of its members, for it is certain that if they would tell all they know concerning the Cimex Lectularius, our literature would be enriched by most exhaustive provings of this remedy, and its virtues would become "Familiar in our mouths as household words." It is necessary that some one should perform this manifest duty both to the bed-bug and to the profession; and hence, I am impelled to lay before your readers a true and authentic history of the Cimex, with the hope that my humble effort may stimulate some others in the profession to give us a careful proving of the remedy, with such suggestions as a large experience may furnish.

The bed-bug is, without doubt, the most ancient of bugs. Its Latin name, *Cimex Lectularius*, affords convincing evidence that it was known to the ancient Romans, and hence we are not surprised that Pliny, Horace, and other classical writers should refer to the Cimex in terms of familiarity. Moreover, it is now accepted as a fact by those most learned in antiquarian researches, that when Nero set fire to Rome, it was the result of a most curious accident. It happened that the Emperor, having passed a most wretched night upon his bed, or *lectulus*, awoke, and perceiving a Cimex upon his pillow, exclaimed, "*Acus sed bugis mell!*" Springing from his bed, he siezed a kerosene lamp that stood upon the mantlepiece, and, in attempting to burn the bug, he set fire to the mosquito netting, and thus the conflagration began. In view of these facts, how superficial must have been the investigations of those English writers who claim that the bed-bug was brought over to London from America shortly after the destruction of that city by fire, in 1666. But so it has ever been with the Cimex: its claims neglected, its antiquity doubted, its beauties unsung. Burns has embalmed a louse in verse, and the flea is celebrated in the literature of all nations. The story of St. Dominic and the flea is most instructing to those whose minds are of a religious turn. The king of fleas keeps his court at Tiberius as Dr. Clarke and his fellow-traveler discovered. It was of a flea that Mephistopheles sung in the Leipsic cellar. The flea of Poictiers was the occasion of more poems than scratches. But the bed-bug has no literature, and therefore my researches in quest of the habits and origin of this neglected creature, have led me to the discovery of some historical facts that are not generally known. I will not occupy valuable time in demonstrating the error of those who believe that the trilobites are petrifactions of antidiluvian bed-bugs, nor the untenable theory of those who hold that the Cimex is descended from a species of turtle. I only regret that I am unable to give the name of the author from whom I first learned the origin of the bed-bug, but my remembrance of the historical facts is sufficiently accurate to enable me to give what may be called "The Bed-Bug Legend."

When the ark was floating upon the waters of the great flood, above the top of Mount Shinshan, in Persia, a most violent storm arose that threatened to destroy the vessel. The winds and waves raged with terrific violence. The animals broke loose and became wild with terror. To add a new horror to the fearful scene, just at that moment a mighty wave hurled the ark against the sharp top of the submerged mountain, and stove a large hole in the bottom of the vessel, through which the raging waters poured. Destruction appeared inevitable. Noah rushed to and fro in the greatest consternation; but when he saw the fearful rent in the bottom of the ark, instead of calling upon the Lord to deliver him, he began to curse and to swear. Then the devil appeared before him and promised to save the ark and all on board on condition that a yearly sacrifice of human blood should be offered to him forever. Overcome with terror at the near prospect of death, Noah agreed to the proposition and closed the compact with an oath. The devil instantly threw himself into the sea, and, being transformed into an immense serpent, he drove himself up into the hole in the bottom of the ark and thus plugged up the opening with his body, so that no more water could enter the vessel. Then the tempest, which was evidently the handiwork of the evil one, subsided, and order was restored, for it was evident that the devil had saved them all. But at what a price! Noah was overwhelmed with remorse when he considered the consequences of his rash promise, and in his despair he called upon the angel Gabriel, who appeared before him with his two-handed sword and bade him be of good cheer. Then the angel told Noah to take the sword and smite off the head of the serpent, and when he landed on Mount Ararat, after first offering up sacrifices to the Lord, he was to place the serpent's head upon the altar and burn it to ashes and scatter the ashes to the four winds of heaven. So Noah took the sword and smote off the head of the serpent, and when he landed on Mount Ararat, having first sacrificed to the Lord, he burned the serpent's head upon the altar and scattered the ashes to the four winds of heaven. And lo! the ashes were transformed into bed-bugs and fleas and all sorts of blood-sucking insects, which have been making a sacrifice of human blood ever since, in payment of Noah's debt to the devil.

JOHN CRANNELL.

URETHRAL HEMORRHOIDS. — Dr. Richat decribes under this name an affection which he believes to be of quite frequent occurrence. It depends essentially on the presence of hemorrhoidal vegetations at the opening of the urethra, accompanied with intense pain, produced by the passage of the urine over the sensitive and occasionally ulcerated growths. This, as a secondary consequence, occasions spasmodic contraction of the urethra, which is one of the characteristics of old-standing cases. Mere excision of the growths, the author believes, will not remove the contraction and hypertrophy of the urethra, which often gives rise to the most painful symptoms; and, in order to effect this, he advises forcible dilatation of the urethra, which rarely fails to give relief. —*Amer. Journal of Medical Sciences, April*, 1873.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of hisprofession."* Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1. .

THE STATE BOARD OF EXAMINERS IN MEDICINE.

THE history of the efforts that have been made in this State for a higher grade of medical education is given at length in this number of the UNION, and we ask our readers to read it attentively, and, for the sake of the great interests involved, to give the subject a thoughtful consideration.

It is a lasting honor to Homœopathy that its followers have ever been the most persistent advocates of thorough scholarship in medicine. They have approached the task with the most catholic spirit, embracing all schools, and insisting upon a more critical examination in all departments. The end and aim of the law passed in 1872, and now in operation, is to make medicine in fact what it is already in name — a learned profession. To raise the professional standard higher, so that to be a doctor in medicine will be proof positive of intellectual culture and ability; to establish a degree that cannot be bought, and that entitles the holder to the respect of all who value sound scholarship; to offer an incentive to those who are conscious of their ability to excel, and to give practical assistance to those who will afford the best instruction to students,—such are some of the main objects of the law.

The operation of the law has been delayed until the presnt time, and it is now proposed to take advantage of its provisions. It rests with the profession to make the law a dead letter, without life and practically void, or they can so rally to its support as to convert it into an instrument of wonderful force and efficiency. There is much more in it than at first appears, and a careful attention to its general operation is necessary in order to appreciate the wide range of its action. It is not necessary, at present, to consider all the features of the law, but some of them deserve more than a passing notice, and we would call the special attention of our readers to its relations to colleges and schools of medicine.

Under the new law, which applies to all students of whatever school, it is no longer necessary for the student to attend any particular college for a certain specified time in order to obtain the highest legal degree in medicine. He may attend lectures at two or three colleges at the same time if he chooses, or may receive all his instruction from private sources; the degree conferred by the State Examiners depends upon the candidate's ability to pass the required examination, without reference to the method by which his education was obtained. Hence it follows that, as regards the student, if he desires this degree, he will obtain his instruction from those who are most competent to teach, and, as regards the colleges and teachers, those will obtain the most pupils who give the most thorough instruction.

It is acknowledged by the profession generally, that medical lectures are of questionable benefit to students. No matter how distinguished and able the professor may be, his lectures are simply a digest of standard authorities, and all that is contained in his course might be learned, perhaps even more thoroughly, from text-books. This view is already admitted by a majority of the best teachers in medicine, so far as it relates to the theoretical part of medical instruction. As regards the practical part, the testimony is even more unanimous. Clinical instruction is admitted to be the most efficient method of teaching medicine, surgery, and general therapeutics. The dissecting room is the only proper place to teach anatomy, operative surgery, pathology, and the larger part of physiology. The laboratory offers the only appropriate method for thorough instruction in analytical chemistry. These practical courses of instruction might be supplemented with advantage by lectures on some of the topics, but, if we would obtain the best educational result, the didactic teaching must be curtailed, and the clinical and laboratory work expanded. Text-books should in a great measure supply the place of lectures, and the talent that now occupies the lecture room should find a more effective field at the bedside, in the dissecting room, and the laboratory.

None are quicker to perceive these facts than the students themselves, and, invariably, we find the largest attendance where the best clinics are held. If, to-day, a practical school of anatomy, operative

surgery, and physiology were to be opened in New York, we believe there would be a larger attendance upon its courses than upon similar but less efficient ones in all the medical colleges combined.

With the abundance of clinical material constantly offering in our dispensaries, every advantage can be had for practical courses of instruction in medicine, surgery, and general therapeutics. In every department the means for thorough instruction are already at hand. It is not a question of means or resources, but of the disposition and ability to use them.

If our medical colleges are willing to lay aside the present inefficient method of instruction, with which they have already expressed themselves dissatisfied, and adopt one that is in accordance with the more modern and broader views of medical science, a great step will be taken toward the advancement of the profession and the progress of science.

In Europe it is said of American medical men, that they have among them excellent physicians and skillful surgeons, but no scholars. It is precisely so. All the real progress in medical science is made abroad, and no American makes a new discovery in anatomy physiology, pathology, or chemistry. From Germany, in particular, we receive most of our newest ideas and the results of the most careful investigations; and scientific reputation in this country is oftener based on a good memory and a knowledge of German than upon any original researches.

Our undeniable inferiority in scientific attainments is not the result of any mental inferiority. There is a tangible cause for it, however, and fortunately it is within our power to remove it. We must support the teachers and give to every one an opportunity to demonstrate the value of his instruction.

At present, medical teaching is a monopoly, enjoyed by those who constitute the faculties of medical colleges. There are no private schools or teachers of medicine, and the student must take his choice from the existing institutions. We make no objection to the colleges on that ground. If monopolies, in medicine or in commerce, fully meet the requirements of the people, we incline toward them. But in medicine, the requirements of the case have not been met. The student pays a high price for a poor article, and when he receives his diploma as a public testimonial that he is a learned man, properly qualified to practice physic and surgery, he knows that he is nothing of the kind, and that his education in medicine is, even in his own estimation, most sadly deficient.

Competition in teaching offers the true solution to this educational problem. It is the very soul of thorough instruction, and by its means we can determine what is worthy of support and what is to be condemned as an imposition. Whether the instruction is carried on under the auspices of a college, or independently by private physicians, is immaterial. The best teacher will have the most pupils, and it will *pay* to teach well. Instead of every professor in the college receiving the fees belonging to his chair, and knowing that every student must take out his tickets, the professor who is incompetent will receive no fees, because the students will go to other teachers. In colleges where the faculty serve without pay, the incompetent professor will lose nothing but reputation and students. In the private teaching of classes in anatomy, physiology, operative surgery, and pathology, and in private courses on other special topics, the largest opportunities for reputation and remuneration will arise. The teacher whose pupils are uniformly the best educated, as proved by the result of their examination by the State Board of Medical Examiners, will be sure to receive the largest support from students and practitioners. There is no other test of teaching ability. It is absurd that medical faculties should be the judges of their own merits as teachers by conducting the examination and pronouncing upon the qualifications of their own students. And here we have the explanation of the superiority of foreign teachers and of the progress of medical science abroad. In Germany there are many physicians whose instruction is so thorough that students continually crowd their private lecture-rooms, and thus the teacher is enabled, from the fees received, to support himself handsomely without other occupation. He is constantly on the alert to seize new facts, to test new theories, to demonstrate in the most vivid manner the branch he teaches. It is of vital importance with him that he should earn the reputation of a thorough and successful teacher, for otherwise his students will leave him to follow the instruction of some more energetic or more competent rival. In this manner a class of permanent teachers is created, who devote their lives to the acquirement and imparting of medical knowledge. They become expert and absolutely proficient in the branch to which they devote themselves, and are constantly investigating the subjects which they teach. These are the men who make discoveries in medical science, who gain a lasting reputation for themselves and bring credit upon the name of their country.

It is to support such men, whether connected with colleges or not, and to give them an opportunity of demonstrating their ability to teach, that the new law aims. If such teachers are already connected with colleges, then let the colleges send their

students before the State Board of Medical Examiners, so that the regents of the University may testify to the scholarship of the students and the ability of the teachers. Such a testimonial would be of inestimable value to any college, and such a course would at once impress the profession with confidence in the college whose students should receive the degree from the State Board.

In this way the new law may be made to contribute to the efficiency of the colleges, and enable them to demonstrate, beyond all question, their claims to the confidence and respect of the profession; and it is to be hoped, if the faculties are really in earnest when they profess a desire for a higher standard of medical education, that they will co-operate with the State Board in that direction.

As to the allopathic colleges, we believe that they have the ability to conform to the provisions of the law. There are many faithful and competent teachers among them, but they lack the broad, catholic spirit, and will give no support to any measure that has so wide a scope as this. The low standard of medical education in this country is the result of their system of teaching, and dependent on the strong "conservative" spirit that has been unwilling to make any change in methods of instruction that were inefficient a hundred years ago. For the existence of this law we are indebted to Homœopathy, and we therefore look to our Homœopathic College to take the initiative and boldly pronounce its intention of preparing its students to pass the State Board of Medical Examiners, and win the honorable degree offered by the regents.

We feel confident that the profession at large will give the measure a popular support, and that they will expect a hearty response from the college. There is a strong determination on the part of the State Board to push this question forward, not in any hostile spirit toward the educational institutions already in existence, but with the sincerest desire to unite the whole professional influence upon the advancement of thorough teaching, the attainment of accurate scholarship in medicine, and the more rapid progress of medical science.

CORRECTION.

In the last number of the UNION one of the articles, entitled, "A Case of Habitual Constipation," was inadvertently permitted to appear without proper acknowledgment. The article in question was by Dr. H. Goullon, Jr., and was translated and condensed from the May number of the *Neue Zeitschrift fur Homœopathische Klinik*, one of the best of our foreign exchanges, by Dr. C. E. Blumenthal.

Correspondence.

A LETTER FROM BERLIN.

BERLIN, June 25th, 1873.

An invitation was given me to-day to attend the meeting, this evening, of the Medical Society. The proceedings commenced quite promptly at half-past seven, Prof. Von Langenbeck in the chair. The minutes of the last meeting having been read and amended, Prof. Von Langenbeck related a case which had come to him within a few days. The patient, a young man of twenty-two years of age, had some months before been attacked at night by a party of men. In the scuffle which ensued he was struck on the head and fell senseless, and had no memory of several severe knife wounds, which, when he presented himself to Prof. Von Langenbeck, had all healed but one. This one was below the inner canthus of the right eye, and somewhat nearer the nose. A spot located below the lachrymal sac continued to discharge pus. When it was injected, and this was done very thoroughly in hopes of healing the fistula, the fluid would either escape by the nose or run down into the posterior nares. The supposition was, that there was necrosed bone, and Prof. Von Langenbeck operated with a view to remove it. He soon came upon a piece of metal, which was only removed by the exertion of a great deal of force, and proved to be about two inches of the half-inch-wide blade of a common pocket-knife. The point of interest was, that such a piece of foreign material could lie so long lodged in the ethnoid bone, in such close proximity to the brain, and yet cause no symptoms to point to its presence there. The only pain, and that not severe, which could be attributed to it was in the eye.

Prof. Schweigger was called upon and made some remarks about the use of Ether, and his reasons for preferring it to Chloroform. He stated, incidentally, that he had noticed whenever dilatation of the pupil occurred during the administration of Chloroform, alarming symptoms soon followed. He maintained that Ether, while being less dangerous, was not open to any objections which might not be urged against Chloroform. The anæsthesia was equally perfect and as rapidly induced, and passed more rapidly off, and vomiting occasionally follows the use of either anæsthetic. Prof. Bardeleben confuted these assertions, and, while admitting that his colleague's observations might be entirely correct in the cases in which he was accustomed to use an anæsthetic, *i. e.*, in operations in ophthalmic surgery, he still asserted that in his own observations, in cases where the anæsthesia must be longer maintained, the results were different. Prof. Liebreich made a few remarks about the anæsthetic agents, and said those which chemically resemble Chloroform are all more dangerous than those which resemble Ether. All act on the brain, but the former class go farther and produce paralysis. Deaths from Chloroform result from paralysis of the heart, and, although artificial respiration, if kept up, may even be so far successful that a natural inspiration may be made, nothing, not even the irritation of the vagus nerves with electricity, will induce movement of the heart. There were some other speakers whom I did not recognize, and some

other facts were brought forward. One case was related where respiration having ceased during the administration of Chloroform, not only was the tongue found to have fallen back, but the epiglottis was curved over backward so as to shut the entrance to the glottis completely. This obstacle removed, respiration was immediately recommenced. Prof. Virchow now made some rather extended remarks in regard to a so-called "Wild-man" brought from Russia and now on exhibition here. The man is a posthumous child, and, therefore, Dr. Virchow thought there might be a shadow thrown on the certainty of his paternity, no brother or sister or other known relative showing the same peculiarities. The most striking thing is that the entire face, head and neck are covered with hair. It is said that he was so abused by the other inhabitants of the village where he was born, that he lived for a long time alone in a cave or hole in the ground. He married and had two children—a boy and a girl. The former died and is said to have resembled the father. The man himself and the girl were exhibited to the assembled doctors. The girl had not such a monstrous growth of hair as the man. Long, fine, downy hair, however, grew out in two large locks from the ears and also from the lower and outer margins of the orbits as well as from the supraorbital region, and from some other parts of her face. Similar hair grew from out *his* nose and meati auditorii externi, whilst his entire face was covered with hair which was thin enough to allow the skin to be seen through, only on the end of his nose. Dr. Virchow alluded briefly to the imperfect accounts of hairy folk on the Japanese island of Yeddo, and said that one other case such as that under consideration had been fully reported as occurring in Siam, where a father, daughter, and grandson, had such development of hair as these two persons, and, as in these cases, accompanied with a remarkable absence of the usual number of teeth. Of the five persons in these two families one had all four incisors of both jaws and one tooth more on the lower jaw—in all, nine teeth; none of the others had as many. The man presented to us had two incisors above and four below—in all, six teeth. The child had four incisors below, but no teeth at all in the upper jaw, the alveolar process not being developed. The unusual development of hair on human beings, so far as accurately observed and described, may be divided into three classes: I. The bearded women, of which several have been seen. In these it is not strictly unnatural. The growth occurs with them only in the same regions where it is commonly seen in the other sex. II. Naevi pilosi, in which there is at the same time an abnormal development of the skin itself in the same regions. III. Such cases as those before us. Now, inasmuch as we have occurring in regions far separated from one another, two well-authenticated cases of these combined peculiarities, to wit: superabundance of hair on the face and want of the usual number of teeth, occurring, too, hereditarily, we are led to these thoughts: I. That, accepting Darwin's theory of selection, if these people were to find wives and husbands like themselves, and were to prove more rugged and better able to endure the wear and tear of life than the ordinary man, a new race, possessing these peculiarities, would spring up. II. That, accepting Darwinism again, these cases are cases of Atavism and evidences that similar peculiarities existed in a common ancestor many generations back, and possibly that the origin of the human race is to be sought rather among the Edentata, where, together with an abnormally small number of teeth, we find a superabundance of long hair on the fore part of the body, than among the highest developed forms of animal life such as the Quadrumana.

A motion to adjourn was carried and the meeting broke up. The meeting was conducted throughout, much as such meetings are with us. The great difference being in the presence of so many men whose opinions are accepted as authority not only at home, but wherever medicine and surgery are based on scientific principles.

CHARLES A. BACON, M. D.

Transactions of Societies.

[We give below a concise history of the movement for a higher medical education, condensed from the Report of the Bureau of Medical Education, made to the N. Y. State Homœopathic Medical Society. The Report will be of great value to those who wish to fully understand a subject which has been much discussed in the past, and which will be actively agitated in the future.—EDS.]

ELEVATION OF THE STANDARD OF MEDICAL EDUCATION—STATE BOARD OF MEDICAL EXAMINERS.

BY H. M. PAINE, M. D.

THE elevation of the standard of medical education has been attempted many times during the past twenty or thirty years. Its importance has been stated repeatedly at gatherings of medical men; various plans have been proposed for securing a higher standard of preliminary qualifications and a more thorough knowledge of all the departments of medical science. While the present status is a decided improvement on the requirements enforced thirty or forty years ago, it is clearly inadequate to meet the wants of the present day. Admission to the ranks of the profession, with the full enjoyment of all its privileges and immunities, is obtained far too easily and quickly.

Since the presentation of this report, thirteen years ago, scarcely any progress has been made by the allopathic school in securing a higher standard of medical education. Attempts have been repeatedly made to induce the nearly fifty allopathic medical colleges in this country to adopt a uniform standard of requirements. Failure has attended every effort. Partial success has attended the attempt to obtain a graded course of study, but not until the plan had been adopted by one or more homœopathic medical colleges.

And, now, after a trial of more than sixty years, the allopathic school acknowledges that the standard of medical education can scarcely be lower, yet offers no new plans nor recommends any radical change.

No adequate or uniform standard of preliminary requirements is enforced; students are still compelled to listen to, at least, two courses of lectures, which are essentially the same, and the teaching and licensing interests are still united.

To the homœopathic profession of this State belongs the honor of having taken a step in advance of that attained by either their allopathic or homœo-

pathic brethren in this or any other country. They have projected a system which, if faithfully carried out, will be far more effective than any hitherto attempted.

The first decided attempt at reformation in this direction was made by the Hon. Stephen J. Colahan, member of the Constitutional Convention, which held its sessions in this city in the years 1867–68. Mr. Colahan, after a very long and patient investigation of the whole subject, projected and reported the following form of a proposed amendment to the Constitution:

"*Constitutional Convention, Feb.* 6, 1868.

"REPORT OF THE COMMITTEE ON THE PRACTICE OF MEDICINE AND THE COMPOUNDING OF DRUGS.

"The undersigned, a special committee, appointed to consider the question of raising the standard of the medical profession in this State, and of regulating the dispensing and compounding of drugs, respectfully present the following article for adoption by the Convention:

"SECTION 1. The Legislature, at its first session after the adoption by the people of the amendments proposed by this Convention, shall enact laws creating a State medical board, before which all candidates for admission to practice medicine in this State shall pass a satisfactory examination.

"§ 2. In the organization or creation of said board, none of the schools of medicine now recognized by law, or hereafter to be recognized, shall have a major representation.

"§ 3. The Legislature shall make it a criminal offence for any person to practice medicine in this State without the license or authority of the aforesaid board—excepting, however, such members of the profession as now are possessed of authority from some legally incorporated medical college of this State, or such as are recognized by a legally incorporated medical society of the same.

"§ 4. The Legislature shall confer authority on the respective pharmaceutical societies, legally incorporated, to regulate the dispensing and compounding of drugs, and shall make it a criminal offence for any person to compound drugs in this State without the authorization of such society. But practising physicians who compound their own medicines shall not be included in this prohibition.

"Your committee have carefully avoided what might be deemed legislation, and have offered in the proposed article but a frame-work which, when perfected by the Legislature, will, in their opinion, relieve the public to a great extent from the complained-of evils. No question more vital to the health and life of our people has been considered by this body. The people of this State ask not to be made altogether dependent upon the pleasure of the Legislature. They have received in the past no redress from such source. Action on this subject has been generally demanded. Some sixteen hundred petitioners have asked your protection, and the public press of the State have demanded reformation at your hands. Not a single remonstrance has been presented to the Convention against the proposed measures to raise the standard of the medical profession and for the protection of the public.

"We have done much to protect the property of our citizens; let us not avoid responsibility, but do the more sacred act still, protect their lives."

The State Homœopathic Medical Society indorsed the measure and expressed its approval at its annual session, held in February, 1868, by the adoption of the following resolutions:

"*Resolved*, That this society fully realizes the importance to the people of this State of protection against empiricism and ignorance of pretenders in medicine; also, the importance of the elevation of the standard of medical education; we, therefore, respectfully recommend the Constitutional Convention now in session for the purpose of revising the Constitution of this State, that the article proposed by the committee appointed thereby be embodied in the fundamental law of the State.

"*Resolved*, That the Secretary be requested to place a copy of the foregoing resolution in the hands of the Hon. S. J. Colahan.

At the same meeting Dr. W. S. Searle of Brooklyn, presented a form of a proposed law which he had prepared, and which had been introduced in the Senate and referred to the Committee on Medical Matters.

Dr. Searle stated, substantially, that the object contemplated by the bill he had prepared was the advancement of medical science and the suppression of empiricism. The act provides for the appointment of a State Medical Bureau, to be nominated by the legally-recognized medical societies of this State, respectively, and to be appointed by the Governor. Said bureau to be so constituted as that the representation of the different schools shall be as nearly equal as possible. As it is not proposed to affix any penalty to the infringement of this regulation, or to interfere in the least with the present legal requirements regarding the practice of medicine or surgery, it will constitute an *honorary degree*, of which only those who are really meritorius and fully qualified can avail themselves.

It is a notorious fact that, under the present system, many incompetent and ignorant practitioners are graduated from our medical schools, both allopathic and homœopathic. By means of the degree proposed to be created, the public may be enabled to determine, as fully as may be feasible under any system, who are duly qualified practitioners.

It is only with great difficulty and in exceptional cases that irregular practitioners are made to bear the penalty attached to the present forms of legal requirements. For two hundred years all laws of this description have proved a dead letter in nearly all cases. All that it is possible to accomplish, therefore, is to frame a bill in harmony with the interests of the class to be benefited; one that is not compulsory in its application. No other form will prove feasible or effective.

The form prepared and presented to the Legislature by Dr. Searle is as follows:

"AN ACT IN RELATION TO THE PRACTICE OF PHYSIC AND SURGERY.

"*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

"SECTION 1. On or before the first day of May, 1868, and thereafter from time to time as may become requisite, the Governor shall nominate, and by and with the advice and consent of the Senate, shall appoint seven Doctors of Medicine, who shall

constitute a Board of Censors for the examination of candidates for the degrees of 'Physician and Surgeon' and 'Physician.'

"§ 2. One of said doctors of medicine shall be appointed censor of anatomy; one, censor of physiology; one, censor of surgery; one, censor of chemistry; one, censor of obstetrics; one, censor of materia medica; and one, censor of general pathology.

"§ 3. Each censor shall hold office for the term of six years, and until his successor is duly qualified; and shall receive for his services the sum of two thousand dollars per annum, to be paid him from the treasury of the State. Any one of the censors may at any time be removed by the Governor under the provisions of the statutes relating to the removal of sheriffs from office, which provisions are hereby extended so as to relate to each one of the said censors.

"§ 4. In case of death, resignation, inability to perform the duties of the office, or from other cause, the office of any censor becomes vacant, a new censor shall be appointed for the unexpired term. In case such vacancy shall occur during the recess of the Senate, the Governor shall appoint a censor to fill the same, who shall hold office during the remainder of the unexpired term.

"§ 5. Each State Medical Society may at all times keep seven doctors of medicine in nomination for the office of censor.

"§ 6. Censors shall not receive, directly or indirectly, any fees from any candidate.

"§ 7. Each candidate shall be examined separately, and by one censor only at a time. No candidate shall be subjected to any examination upon therapeutics; nor shall he be refused any of the certificates hereinafter provided for, by reason of any views he may entertain upon the subject of therapeutics.

"§ 8. The examination herein provided for shall be conducted by written or printed question and answer, and, if satisfactory to the censor making the same, he shall furnish to the candidate a certificate in writing, signed by himself, that such candidate has passed a satisfactory examination, and said censor shall forward a duplicate of said certificate to the Secretary of State. No candidate shall be re-examined, after having been once rejected, until after the lapse of one year.

"§ 9. Any citizen of this State, who has previously received the degree of Doctor of Medicine from any legally authorized medical institution in this State, or in any other State or country, and who shall present to the Secretary of State satisfactory evidence thereof, and who has passed successfully all the examinations required by this act, as evidenced by the certificates of all the censors hereby created, shall receive from the Secretary of State a diploma, signed by the Governor and Secretary of State, and bearing the seal of the State, conferring upon him the title and degree of Physician and Surgeon. In case any such person shall present satisfactory evidence of having passed successfully all the examinations except that of the censor of surgery, he shall receive from the Secretary of State, a similar diploma, conferring upon him the title and degree of 'Physician.' Each person receiving such a diploma shall pay into the treasury of the State the sum of fifty dollars.

"§ 10. All acts and parts of acts now in force, so far as inconsistent with the provisions of this act, are hereby repealed, but such repeal shall not revive any former act.

"§ 11. This act shall take effect on the first day of May, 1868"

Dr. Searle presented the following resolutions, which were adopted:

Resolved, That the bill for the suppression of empiricism and the elevation of the standard of medical requirements, entitled "An Act in Relation to the Practice of Physic and Surgery," now pending in the Legislature, meets our approval and endorsement.

"*Resolved*, That we request for it careful consideration and early adoption by the Legislature of this State."

On motion of Dr. Searle, a committee, consisting of Drs. J. F. Gray, B. F. Joslin, C. Dunham, H. D. Paine, R. C. Moffatt and W. H. Watson, was appointed to take action regarding the form of a law proposed by himself, embracing such modifications as may be required, and to report at the next annual meeting of the Society.

At the twentieth annual meeting of the Society, held in February, 1871, the Committee on Medical Education presented, through its chairman, Dr. J. F. Gray, the following report:

"The Committee on Medical Education respectfully report the following form of a law, regarding the examination of candidates for the license and degree, as, in their unanimous judgment, the best means this State Medical Society can adopt for the advancement of sound practical knowledge among the future members of the profession in the State of New York:

In Assembly, *February* 17, 1871.

"AN ACT CONCERNING THE PRACTICE OF PHYSIC AND SURGERY.

"*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

"SECTION 1. In addition to the cases mentioned in section twelve, of title seven, of chapter fourteen of the first part of the Revised Statutes, the regents of the University shall have the power of granting diplomas, conferring the degree of Doctor of Medicine, in the manner and under the conditions following, viz.:

"1. The regents of the University shall appoint one or more boards of examiners in medicine, each board to consist of not less than seven members, who shall belong to some of the State or county medical societies of this State.

"2. Such examiners shall faithfully examine all candidates referred to them by the chancellor of the University for that purpose, and furnish to the chancellor a detailed report in writing of all the questions and answers of each examination, together with the opinion of each examiner as to the merits of the candidates in every case.

"3. Such examination shall be in anatomy, physiology, chemistry, the history of medicine, the allopathic and homœopathic modes of practice, surgery and midwifery.

"4. The said reports of such examination shall be a part of the public documents of the University, and the action of the regents thereon shall accompany the same.

"5. Any person over twenty-one years of age, of good moral character, applying to the said chancellor therefor, shall receive an order for such examination on satisfying the chancellor that he or she has a competent knowledge of arithmetic, algebra, the Latin and German languages and of the Greek grammar, and on paying into the treasury of the University the sum of thirty-five dollars.

"6. The regents of the University, on receiving the aforesaid report of the examiners, and on finding that at least five members of the board report in favor of the candidate, shall issue to him or her a diploma, conferring upon him or her the degree of Doctor of Medicine of the University of the State of New York, which diploma and degree shall entitle him or her to practice medicine in this State.

"§ 2. The candidate, on receiving the said diploma, shall pay into the treasury of the University the further sum of fifteen dollars.

"§ 3. The moneys paid into the treasury under the provisions of this act shall be appropriated by the regents toward paying the expenses of executing the provisions of this act.

"§ 4. The regents may, from time to time, establish and adopt such rules and regulations as they may deem proper and necessary to carry out the provisions of this act.

"§ 5. This act shall take effect immediately."

The report was unanimously adopted by the passage of the following resolution, offered by Dr. Searle:

"*Resolved*, That the Homœopathic Medical Society of the State of New York approves and indorses the project of the bill, entitled, 'An Act Concerning the Practice of Physic and Surgery,' and respectfully requests the passage of the same by the Legislature."

The following resolution, offered by Dr. Houghton, was also adopted:

"*Resolved*, That the bill entitled "An Act Concerning the Practice of Physic and Surgery" be referred back to the committee formerly having it in charge, with instructions to take such action as may be required to secure its enactment by the Legislature, and that Drs. Cox and Jones, of Albany, and Searle, of Brooklyn, be added to that committee."

Copy of a memorial accompanying the proposed act, signed by the president and recording secretary of the Society:

MEMORIAL ACCOMPANYING THE BILL.

"*To the Honorable the Legislature of the State of New York:*

"The undersigned, in behalf of the Homœopathic Medical Society, and by its direction, beg leave to call the attention of your honorable body to the annexed project of a law respecting the appointment of one or more boards of examiners in medicine by the regents of the University, and to ask that it may become a law, for the following reasons, viz.:

"*First.* The existing colleges of medicine and medical societies are not directed by law to require of candidates for their diplomas any classical training whatsoever. Nevertheless, it is well known to all physicians that, without considerable knowledge of the Latin language, a thorough acquaintance with arithmetic up to and including decimals of algebra, and enough knowledge of the Greek grammar to render reference to the lexicon of that language an easy and satisfactory process, it is impossible for the student of medicine to read, with clear comprehension, the elementary books of the art of healing, or listen to the oral instructions of lectures, without losing the connection very frequently, for want of a knowledge regarding the technics used, all of which are of Latin or Greek derivation, or through ignorance of the definite relation of quantity, expressed by decimal and algebraic notation. For want of this preliminary instruction, the student of medicine, whatever his industry or force of intellect is, and however excellent his preceptors may be, must be a confused and inexact scholar, and, therefore, also become and remain an insecure and uncertain practitioner of his art.

"*Second.* The existing colleges of medicine cannot remedy this difficulty in any one State, if any or all of them desire so to do; for the refusal to receive all students who are deficient in these respects could only result in turning all such applicants from their doors, and, in effect, sending the majority away to other States for instruction.

"Reformation of this great and growing evil among existing colleges of medicine in this country is attainable only through a unanimous compact among them, shutting the doors of all to illiterate applicants; a result which may safely be considered impossible, since the attempt would deprive all alike of pupils and of the means of support for some three or four years at very shortest.

"*Third.* The Homœopathic Medical Society of the State, after mature consideration, appointed a committee, a year ago, to ascertain in what way a rule requiring a somewhat liberal education as a preliminary condition of medical pupilage could be established without infringing upon the legal rights of existing medical colleges. Their committee reported the plan proposed in the bill annexed, which met with very favorable consideration in the society, and which was this morning unanimously adopted by that body, namely: the empowering of the regents of the University to appoint boards of examiners, before which only liberally educated candidates could appear and canvass for the license and degree.

"*Fourth.* Your memorialists hope that the impartiality, or rather catholicity of the plan, whereby each of the existing schools of practice can have a board of examiners at the hands of the regents, will meet the approbation of the government of the State.

"*Fifth.* The method of examination, although a somewhat tedious process, has been proven to be of inestimable value in Prussia and Denmark, where it has been in operation for more than half a century, and produced highly desirable results in every respect. It is to be hoped that the regents will make rules respecting the making and keeping of the records, which shall insure entire impartiality and fullness of scrutiny on the part of the examiners.

"*Sixth.* If this bill become law, the very best talent will be in requisition, and, at no distant day, in harmonious competition throughout the State. No special franchises will be needed, nor will they be sought for; voluntary associations of teachers can do the good work under this general act, in a

far more efficacious and more republican, and, therefore, more honorable manner than the present. The undersigned have the honor to represent the views of the homœopathic physicians of the State in this memorial, and to present the views to the Legislature in behalf, and by specific order, of the Homœopathic Medical Society of the State, made at the recent annual meeting of that body.

"Albany, *February* 15, 1871."

The committee readily awakened an interest in the measure on the part of members of the Legislature, through whose instrumentality its passage was successfully accomplished. The bill was, however, vetoed by Governor Hoffman for reasons which could easily have been obviated had the committee been aware of the objections expressed by the Governor to the phraseology of one or two sections of the law.

At the semi-annual meeting of the Society, held in August, 1871, the subject was presented by Dr. Gray, who spoke at considerable length regarding the objects and merits of the bill, and correspondence between himself and Governor Hoffman. He offered the following resolution, which was unanimously adopted:

"*Resolved*, That the Committee on Medical Education be instructed to change the bill passed by the last Legislature, by making such modifications (not impairing the purposes of the bill) as they may find necessary, and take such action as may be required in order to secure its passage by the next Legislature of this State."

At the annual meeting of the Society, February 13th, 1872, Dr. Gray presented the report of the Committee on Medical Education, and said: "You will remember, gentlemen, that your Committee on Medical Education reported on a bill to establish an advanced credential of honor, one being a trial of merits of the higher kind, that is to say, a credential of honor to those physicians who had exhibited proficiency in classics, medical education, and English education equal to the State Normal schools, and who should have such qualifications ascertained on an examination before the board of examiners appointed by the University of the State, and he should there receive the degree of Doctor of Medicine from the University of the State of New York. The bill passed both houses of the Legislature last year, unanimously, but was returned by the Governor for reasons which did not transpire to me. At its last meeting, your Society directed the committee to make such modifications in the bill as would secure its passage by the Governor. I have seen him several times on the subject, and I called the committee together, and we agreed upon the modifications.

The first objection of the Governor was that it conferred additional power on the Board of Regents, whose powers were already too numerous. Whereas it was not really such an increase of power, nor an additional power of license. The Board of Regents already possessed these powers, and had possessed them for half a century. On the contrary, it was a limitation rather than an extension of prerogatives. Again, the Governor objected that the labors of the censors would be too severe under such an enactment; that they would not be satisfied with the fee of five dollars, and would draw on the treasury of the State for further remuneration.

Dr. Gray then referred in detail to the differences between the former and the amended bills, the latter having been drawn up in such a manner as to avoid the Governor's objection, and, having been unanimously adopted by the Bureau of Medical Education, he hoped it would become a law.

Dr. Watson moved that this amended bill, as drawn up by Dr. Gray, be adopted by this Society; also, that a committee be appointed to present it to the Legislature, with the recommendation that it be passed. The motion was carried. Drs. J. W. Cox and E. D. Jones were appointed the committee.

On the 5th of June, 1872, the secretaries of the State Society informed the American Institute of Homœopathy, then in session in Washington, by a telegram to Dr. Gray, ex-president of the Institute, that the bill creating a State Board of Homœopathic Medical Examiners had just been signed by the Governor.

The bill was again presented to the Legislature early in the session of 1872, and with it the memorial previously prepared and offered by the president of the society, Dr. Gray. Also, accompanying these papers, there was furnished the medical committees of the Senate and Assembly a copy of the resolutions adopted by the Society, showing the bill had twice received the unanimous indorsement of the State Homœopathic Medical Society, and many of the county medical societies. There was also furnished a copy of the following letter by Dr. W. H. Watson, lucidly setting forth the objects and provisions of the act, and the reasons for supporting it:

ADVANCED MEDICAL EDUCATION ACT.

"This bill, sometimes called 'The Advanced Medical Education Act,' is designed to elevate the standard of medical education. Its objects and provisions may be stated under two general heads.

"1. *The object and mode of accomplishment of the purposes of this bill. First.*—Its object is solely the elevation of the standard of medical education in this State.

"*Second.*—It purposes to accomplish this by establishing a higher honorary degree for the medical profession. The desire to obtain this coveted degree will furnish an incentive to the ambition of medical men, and will thus powerfully contribute to a higher standard of scientific attainment among the members of the medical profession.

"*Third.*—Its possession, while conferring no special or peculiar privileges upon a class, will yet be an assurance to the public of the superior qualifications of those who should obtain the proposed degree, and will, therefore, become a legitimate passport to professional success.

"2. *Its entire freedom from all objectionable features. First.*—In no sense does it embody prohibitory legislation. Should this bill become a law, it will not prevent any physician now in practice from pursuing his profession as before, nor will it prevent any person who may hereafter desire to enter the profession from obtaining a license to practice from any of the sources now authorized by law to confer such license.

"*Second.*—Its provisions do not in any way conflict with the vested rights and privileges of the medical colleges. It would, however, furnish an inducement to them to increase the thoroughness of their instruction and advance their standard of

graduation, since, in course of time, that institution would attain the highest reputation from which the largest number of graduates should attain the proposed degree.

"*Third.*—It is entirely liberal and impartial. Under its provisions each of the existing schools of practice can have a board of examiners at the hands of the regents, should it be desired.

"*Fourth.*—Finally, no other means can be devised which would so powerfully tend to the advancement of sound practical knowledge among the future members of the medical profession in the State of New York, while its liberal and entirely catholic provisions leave no room for objections, and commend it fully to the good sense of the people of the State."

The form was modified several times to meet the objections raised by Governor Hoffman, and by members of the medical committees of the Senate and Assembly. It finally passed both branches of the Legislature, and was signed by Governor Hoffman, May 16, 1872. The following is a copy of the form finally adopted:

LAW AUTHORIZING THE APPOINTMENT OF STATE BOARDS OF MEDICAL EXAMINERS.

SESSION LAWS, CHAPTER 746.

"AN ACT RELATING TO THE EXAMINATION OF CANDIDATES FOR THE DEGREE OF DOCTOR OF MEDICINE.

"Passed May 16, 1872.

"*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

"SECTION 1. The Regents of the University of the State of New York shall appoint one or more boards of examiners in medicine, each board to consist of not less than seven members, who shall have been licensed to practice physic and surgery in this State.

"§ 2. Such examiners shall faithfully examine all candidates referred to them for that purpose by the Chancellor of said University, and furnish him a detailed report in writing of all the questions and answers of each examination, together with a separate written opinion of each examiner as to the acquirements and merits of the candidates in each case.

"§ 3. Such examinations shall be in anatomy, physiology, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery and in therapeutics, according to each of the systems of practice represented by the several medical societies of this State.

"§ 4. The said reports of examinations, and the annexed opinions of the examiners, shall forever be a part of the public records of the said University, and the orders of the chancellor addressed to the examiners, together with the action of the regents, in each case, shall accompany the same.

"§ 5. Any person over twenty-one years of age, of good moral character and paying not less than thirty-five dollars into the treasury of the University, and on applying to the chancellor for the aforesaid examination, shall receive an order to that effect, addressed to one of the boards of examiners, provided he shall adduce proofs satisfactory to the chancellor that he or she has a competent knowledge of all the branches of learning taught in the common schools of this State, and of the Latin language, and that he has diligently studied medicine not less than three years, under the direction of one or more physicians duly qualified to practice medicine, or has himself been licensed, on examination, by some medical society or college legally empowered to issue licenses or degrees in medicine.

"§ 6. The regents of the University, on receiving the aforesaid reports of the examiners, and on finding that not less than five members of a board have voted in favor of a candidate, shall issue to him or her a diploma, conferring the degree of Doctor of Medicine of the University of the State of New York, which degree shall be a license to practice physic and surgery.

"§ 7. The candidate, on receiving said diploma, shall pay to the University the further sum of not less than ten dollars.

"§ 8. The moneys paid to the University, as aforesaid, shall be appropriated by the regents for the expenses of executing the provisions of this act.

"§ 9. The regents may establish such rules and regulations, from time to time, as they may deem necessary to insure the faithful execution of the provisions of this act.

"§ 10. This act shall take effect immediately."

STATE OF NEW YORK, *Office of the Secretary of State,* } *ss.:*

"I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

"G. HILTON SCRIBNER,
"*Secretary of State.*"

At the semi-annual meeting of the Board of Regents of the University of the State of New York, held in Albany in the month of August, 1872, a committee was appointed, consisting of the chancellor, Hon. J. V. L. Pruyn, the secretary, S. B. Woolworth, LL. D., and Hon. H. R. Pierson, to take such action as may be required in order to carry out the provisions of the law authorizing the appointment of State Boards of Medical Examiners. The committee prepared and issued a circular letter to the officers of the three State Medical Societies, of which the following is a copy:

"*September* 23, 1872.

"*To the Secretary of the Homœopathic Medical Society of the State of New York:*

"SIR:—At the request of the Committee of the Regents charged with the matter, I inclose a copy of an act passed by the Legislature of this State, on the 16th day of May last, 'Relating to the Examination of Candidates for the Degree of Doctor of Medicine.'

"This act having been submitted to the regents at their recent semi-annual meeting, the subject was referred to a committee consisting of the chancellor, regent Pierson and the secretary, who are directed to report thereon to the board.

"I am requested by the committee to say that they will be happy to receive any views or suggestions which you may offer in regard to the subject, and the best mode of effectually carrying out the provisions of the statute.

"Yours, with great respect,
"JOHN V. L. PRUYN,
"*Chancellor of the University.*"

In reply to this circular the recording secretary addressed the following letter to the chancellor. The letter was afterward printed in the form of a petition, and mailed to officers of nearly all the county Homœopathic Medical Societies in this State, the object being to simply convince the Board of Regents that the homœopathic physicians of this State unanimously desired that the provisions of the law should be faithfully carried out with as little delay as possible:

"PETITION FOR THE APPOINTMENT OF A STATE BOARD OF HOMŒOPATHIC MEDICAL EXAMINERS.

"Hon. J. V. L. PRUYN, *Chancellor of the Board of Regents:*

"DEAR SIR:—In reply to the circular of the Committee of the Regents, we have only to say that the Homœopathic State Medical Society has already fully discussed the law regarding examinations for the degree of Doctor of Medicine, and has unanimously asked for the appointment of at least one board of examiners.

"In addition, we beg leave to solicit very early action on the part of the regents in execution of the law, so far as the homœopathic branch of the profession is concerned. There are many young gentlemen of liberal culture, engaged in the study of medicine in the State, to whom the prize of this advanced degree with its arduous conditions ought to be made known, if possible, before making their choice of medical colleges and other preceptors."

The above petition was signed by officers and ex-officers of medical societies in the following counties: Albany, Broome, Cayuga, Chemung, Chenango, Columbia, Dutchess, Erie, Livingston, Madison, Montgomery, New York, Niagara, Oneida, Ontario, Oswego, Otsego, Orange, Rensselaer, Saratoga, Schuyler, Steuben, Wayne and Westchester.

On the receipt of petitions from so large a number of the counties in this State, the chancellor deemed it expedient to call a special meeting of the Board of Regents, to be held November 12th, to consider, among other items of business, the appointment of a homœopathic board of medical examiners.

As soon as the time for holding this special meeting was made known to the committee, the following form of a petition was distributed to all who had signed the first one:

"PETITION FOR APPOINTMENT IN THE STATE BOARD OF HOMŒOPATHIC MEDICAL EXAMINERS.

"Hon. J. V. L. PRUYN, *Chancellor of the Board of Regents:*

"DEAR SIR:—Having been recently informed that a board of State homœopathic medical censors is about to be created by the regents of the University, in compliance with a law passed by the last Legislature, I respectfully recommend for appointment the names of the nominees hereto annexed."

The above petition was signed by members of the profession in the following counties: Albany, Broome, Cayuga, Chautauqua, Chemung, Chenango, Columbia, Dutchess, Livingston, Montgomery, Niagara, Oneida, Ontario, Orange, Oswego, Otsego, Saratoga, Schuyler, Steuben, St. Lawrence, Tioga, Ulster, Washington, Wayne and Westchester.

On the day following the meeting of the Board of Regents, the secretary, Dr. Woolworth, caused the insertion of the following notice in the Albany daily papers:

"UNIVERSITY OF THE STATE OF NEW YORK—HOMŒOPATHIC MEDICAL EXAMINERS APPOINTED.

"Office of the Regents, Albany, *Nov.* 13, 1872.

"At a meeting of the regents of the University, held at the Capitol, in the city of Albany, on the 12th day of November, inst., an act of the Legislature, 'Relating to the Examination of Candidates for the Degree of Doctor of Medicine,' passed May 16, 1872, which was laid before the regents in August last, was again considered. An application was received from the Homœopathic Medical Society of the State of New York, for the appointment of a board of examiners, pursuant to the first section of said act, which was supported by petitions from twenty-six counties, in various parts of the State. A delegation from the State Society also attended the meeting.

"After full consideration of the subject, the application was granted by the regents, and the following board appointed: John F. Gray, LL. D., M. D., New York, president of the board; Erastus A. Munger, M. D., Waterville; Wm. H. Watson, A. M., M. D., Utica; Henry B. Millard, A. M., M. D., New York; Wm. S. Searle, A. M., M. D., Brooklyn; Horace M. Paine, A. M., M. D., Albany; Henry N. Avery, A. M., M. D., Poughkeepsie; John A. McVicar, A. M., M. D., New York; Samuel A. Jones, A. M., M. D., Englewood.

The board of examiners has perfected an organization, by electing Dr. John F. Gray, of New York, president of the board and Dr. W. S. Searle secretary. The examiners in the several departments specified in the law have been designated, and a committee has been appointed to draw up a circular letter, addressed to the medical profession, setting forth the code of procedure under which provisions of the statute may be made practically effective. A meeting of the board will be held in conjunction with the annual meeting of the State Homœopathic Medical Society.

WHAT THE LAW IS DESIGNED TO ACCOMPLISH.

The features of this law are new and peculiar. It aims at the ultimate accomplishment of a radical change in the present system of medical education. It attempts to establish a higher plane toward which the teachers of the present day must inevitably progress. As has been freely admitted in the report previously quoted, "the degree, as now conferred, is nearly valueless as a title to confidence." This law has been framed for the purpose of creating a degree which will possess positive value; one which will indicate that its possessor is thoroughly instructed in all the essential departments of medicine and surgery. It has erected checks and safeguards to insure the faithful execution of its own provisions. Chief among these is the *mode of examination* which is to form a part of the records of the board of regents, open to inspection at any time, by any member of the profession.

Another important feature is the requirement regarding a *thorough preliminary education.* The law requires of the applicant "a competent knowledge of all the branches of learning taught in the common schools of this State, and of the Latin language." It will be observed, on examining the form first presented to the Legislature, a knowledge of the Greek and French or German languages was required. This provision was omitted in the second bill on account of objections to it by members of the medical committee of the Assembly. If it shall be deemed expedient to restore these requirements, it can be readily accomplished at some future time.

Another element of strength is its *non-sectarian character.* Each applicant is to be examined upon all the recognized systems of medical treatment. This feature distinguishes the examination from that established by any other board in this or any other country. The method adopted by the Ontario board of examiners is the nearest approach to it. In that board the candidate is permitted to select one of three systems of therapeutics in which he desires to be examined.

Another and most important feature is the *separation of the teaching from the licensing interests.* The candidate is permitted to obtain a knowledge of medicine and surgery from any and every source within reach. The object designed to be attained by this board is to put on permanent record the evidence of the qualifications of candidates for the degree. The right to confer the degree of Doctor of Medicine is now, and for many years will be, entrusted to those chiefly who are engaged in teaching. While this plan has many advantages it has many defects. To it are traceable many of the evils under which we are now laboring. In the report of the committee before mentioned, this feature is referred to in these forcible words, "and last, though not least, that evil so long and so generally complained of, the union, in the same body, of the office to teach and the power to license." Those who have thoroughly investigated this subject are convinced that an improvement cannot be anticipated until the licensing power is exercised *only* by a body having no personal interest in the success of the candidate. It is not probable that such an independent body of men would be disposed to confer the privileges of membership in the profession on unworthy candidates, or be influenced, to any considerable extent, by pecuniary or selfish considerations.

It is eminently fitting that the licensing board should have an organization independent of, and distinct from, the medical schools; and, that its members should be recommended and nominated by the medical societies; also, that they should be appointed by, and constitute a part of, the educational department of the State government.

FUNCTIONS OF THE SPLEEN.—Professor Baculi, of Rome, in a recently published work on "Pernicious Fevers," develops the theory that the spleen is an organ, which, connecting itself by the abdominal system of veins with the stomach, pancreas and liver, has for its function to utilize the hydro-carbons, while the pulmonary venous system eliminates them.—*Medical World.*

Reviews of Books.

AMONG other monographs, reports and reprints, by Dr. J. N. Pooley, of Yonkers, we are in receipt of two valuable papers on Imperforate Anus; the latest of which, with full citations from its surgical history, in conjunction with the Doctor's experience and practice, is a concise essay upon the recto-vaginal forms of this congenital malformation.

Though but a 36-page pamphlet, it is a nearly exhaustive paper, and a lucid *exposé* of the contingencies in these interesting cases, which, though rare, may present themselves to the practising physician at any moment for cure and correction.

Published by WILLIAM WOOD & CO., New York.

Scientific Gleanings.

DEVELOPMENT OF CANCER OF THE SKIN.—Carmalt, from an examination of three carcinomatous tumors removed from the skin, comes to the conclusion that the epithelium of hair follicles is the point of departure of the cancerous growth; and this, he thinks, throws some light on the cause of cancer of the skin. Referring to the statement of Fülmor that frequent and rough shaving is apt to produce cancer of the skin of the face, he points out that out of fifty or sixty cases of cancer of the lip and cheek that have occurred within a recent period in the Breslau Pathological Institute, only two were in women, and not a single case occurred in men with unshaved beards. With reference to the general question of the histological origin of cancer, his conclusions are, so far, in support of the opinions of Waldeyer and others, that every cancerous growth originates in the epithelial elements of the part, and are in opposition to the opinion of Virchow, that the cancer cells are the equivalents of connective tissue corpuscles.—*London Medical Record.*

CLINICAL MEANS OF RECOGNIZING MERCURY IN THE EXCRETIONS.—M. Mayençon and Dr. Bergeret, in an interesting paper on this subject, give the following as the conclusions at which they have arrived: 1. That mercury and its salts are absorbed by the skin as well by the stomach. 2. That of the mercury absorbed, a part, and that the major part is immediately eliminated, while the smaller part impregnates the tissues, from which it is only insensibly eliminated. Even this part, however, is rather quickly eliminated if the use of the medicine has not extended over any great length of time. 3. Elimination seems to be effected by all the excrementitious fluids, but chiefly by the urine and the intestinal juices. 4. Iodine has a marked effect in clearing away mercury from the tissues. 5. Mercury, and mercurial preparations, discharged by the humors, and especially by the urine, are readily discoverable by the action of a voltaic element, iron and platinum. The mercury forms a metallic coating on the platinum, and should then be converted into the bichloride, and finally into the red biniodide, with a solution of the iodide of potassium.—*Robin's Journal d'Anatomie, No.* 1, 1873.

PRECAUTIONS AGAINST VENOUS HEMORRHAGE IN TRACHEOTOMY.—Dr. Frederick Betz, of Heilbroun, in his *Memorabilien*, observes that venous hemorrhage constitutes one of the most fatal occurrences in tracheotomy. It may occur either before or after the incision into the trachea. If it occur before it may be averted by the application of sesquichloride of iron, by transfixion of the vessel and the application of a ligature, or, still better, by the rapid introduction of a canula and the re-establishment of the respiration. In like manner, if the hemorrhage occur after the incision into the trachea, the insertion of the canula is the best, and indeed the only means of stopping the bleeding. There are cases, however, in which, notwithstanding that the canula has been skillfully inserted, hemorrhage continues, because the child makes no inspiration, but remains in a state of spastic expiration. In such condition respiration should be excited by blowing air through the canula. Dr. Betz has performed fifteen tracheotomy operations in croup, with six recoveries. In one case the child died on the table from asphyxia, but in a similar case, which occurred subsequently, recovery took place by employing the above means. The great distension of the cervical veins during expiration is well known, and the hemorrhage, if a vein be wounded, is then very free on this account. Dr. Betz recommends that the incisions should be made, as far as possible, during inspiration. —*Aerztliches Literaturblatt, No.* 16, 1872.

A NEW LIGATURE.—Professor Dittel recently introduced, at a meeting of the K. K. Gesellschaft der Aerzte, a new ligature, which he advocated in the most enthusiastic manner. It is, in short, a common rubber drainage tube which differs, of course, in calibre according to the requirements of particular cases. As yet he has only used it in cases like the following: A "mother's mark," on the right temple of a five months' old child, was ligatured. The tumor fell off in eight days, leaving a clean granulating wound. It was applied with success to the following arteries: the popliteal, after amputation of the thigh; the anterior tibial, after Pirogoff's operation; the posterior tibial and peroneal arteries. The principal advantages claimed for the new ligature are that it exerts an equable and continuous pressure on the part, most perfectly constricting it, requires but one application, and does not excite any discharge of pus. It is not necessary that a tube should be used; any elastic cord will answer. Professor Dittel says, as yet his experience with the new ligature is necessarily small, but he will shortly publish more results, demonstrating its superiority over all other constrictors. [The above is from a private letter to the editor. Professor Dittel may gather more facts about the elastic ligature by applying to Mr. Lee, of London, who has used the elastic ligature for years, and first introduced it to the profession. It is a very good ligature, especially for naevi, and will do for other things when the ordinary ligature is not at hand.—J. C. M.]

SEA-SICKNESS.—Dr. De Douche *(Liverpool Medical and Surgical Reports)* attributes the continued retching in this affection to the very acid condition of the secretions of the stomach; he finds that if alkalies, combined with aromatics, are given, it will generally yield. Anæmia of the brain is the supposed cause of the giddiness.—*Medical Record.*

CURE OF LIPOMATA BY ALCOHOLIC INJECTIONS. —Dr. Hasse, of Nordhausen *(Blat. für. Heilk.* 1872), has tried the practice of alcoholic injections in fatty tumors, at the suggestion of Dr. Schwalbe, of Zurich, and with excellent results. One case was that of a lady with a large lipoma on the shoulder, extending into the axilla. The patient desired excision, but her health contra-indicated the operation Dr. Hasse made, in four sittings, at intervals of about fourteen days, injections with the ordinary spirit used for burning, with a small gutta-percha syringe. The contents of said syringe was put into different parts of the tumor. The reaction, at first, was very slight, but increased at next reaction, and was again resumed when the reaction became milder. First of all the tumors became more consistent, but softening followed, and finally fluctuation appeared in some points which extended. When an incision was made into the tumor in three weeks, the fatty contents flowed away in a fluid state, the exudation of the last part being aided by slight pressure. The patient could follow out her occupation of teaching during the treatment. In a second case, in a gentleman, æt. 40, three injections had been made, with four or five weeks interval. The reaction was but slight in this case.

News Items.

UNIVERSITY OF THE STATE OF NEW YORK.—STATE BOARD OF MEDICAL EXAMINERS.—A meeting of the Board was held at the Delavan House, in the city of Albany, yesterday, July 29th. A code of rules for the government of the Board, also to give practicability to the provisions of the law by which it is established, were reported and referred to the Board of Regents for approval. Two or three changes in the membership were also made, by which a quorum can now be easily obtained in the city of New York. These changes were rendered necessary by the inability on the part of several members to regularly attend the meetings of the Board.

The members of the Board as at present constituted, are John F. Gray, M. D., LL. D., President; Dr. Horace M. Paine, Secretary; Dr. George E. Belcher, Dr. Henry B. Millard, Dr. William H. Watson, Dr. William S. Searle, Dr. John C. Minor, Dr. J. A. McVickar, Dr. Samuel A. Jones.

The departments established are the following: Dr. John F. Gray, Institutes of Medicine; Dr. John A. McVickar, Homœopathic Materia Medica and Therapeutics; Dr. John C. Minor, Surgery and Anatomy; Dr. Henry B. Millard, Allopathic Materia Medica and Therapeutics; Dr. William H. Watson, Pathology and Diagnosis; Dr. George E. Belcher, Clinical Medicine; Dr. William S. Searle, Obstetrics; Dr. Samuel A. Jones, Histology and Physiology; Dr. Horace M. Paine, Chemistry.

The code of procedure and the rules for the government of the Board will be published in a few weeks in pamphlet form, for general distribution to the profession throughout the State.

Dr. J. TITUS DEYO, House Physician to the "Western Homœopathic Dispensary," located at 411 and 413 West 42d Street, favors us with the following semi-annual report of that institution: "There have been treated during the six months ending June 30th, 8,017 patients—6,792 in the House Department, and 1,225 in the Visiting Department. Thirteen deaths occurred."

Original Articles.

CHOLERA IN NASHVILLE.

ITS CHARACTER, TREATMENT AND RESULTS.

By J. P. Dake, M. D.

Since the appearance of cholera in this city, having received many letters from different parts of the country inquiring as to its characteristics and treatment, and finding myself unable to answer them individually, I seek to give the desired information through your wide circulating columns.

ITS FIRST APPEARANCE.

During the latter part of May we were advised of the prevalence, at Memphis and along the Mississippi River, of a form of cholera morbus, quite sudden, rapid and fatal. Although the press, and even the physicians, hesitated to call the disease cholera, I was satisfied it could be nothing less, from information afforded me by Dr. Morse, of Memphis. About the 1st of June cases of the same began to occur in our city, increasing steadily in number up to the 20th, and then decreasing so as to be nearly all gone by the end of the month.

ITS CHARACTERISTICS.

The disease differed from Asiatic cholera, as seen in years past, only in having, in most cases, bilious evacuations in place of the peculiar "rice-water." Generally there were first greenish, watery dejections, then vomiting of ingesta and bilious matter, followed soon, if not relieved, by collapse, with the usual cold surface and extremities, and blue, shriveled skin.

If the evacuations continued long unchecked, they sometimes became purely rice-water, but in many cases they were bilious to the last. In not a few cases the dejections were entirely rice-water.

Cramps in the abdominal muscles, and in those of the extremities and other parts, were present in nearly all severe or fatal cases.

On account of the bilious evacuations, many physicians hesitated to pronounce the disease cholera, and hence it was often termed "The Prevailing," "The Epidemic," etc., in our newspapers.

Different theories were put forth regarding its origin and nature. Some regarded it as of malarial origin and type, and many as produced by the peculiar properties of the vegetables in use, the spring having been unusually late and the vegetables less matured than usual, at the season they were brought into market. And the accumulated filth in the streets, alleys and yards of the city was blamed for the terrible scourge.

I have observed and studied the disease in its different phases and stages, and candidly confess, that its *specific or essential cause is yet unknown.*

No theory brought forward covers all the facts in the case—none is entirely satisfactory and reliable.

The disease is not a "congestive chill;" it has attacked many not using the "immature vegetables," and it has invaded the cleanest parts of the city, some of the best kept homes, where there could be no "accumulated filth."

I have not hesitated to pronounce it cholera, and of a character as epidemic as it is has generally been, on former occasions, in this country. The evacuations, especially in persons of a bilious temperament, were at first bilious necessarily, because it was at a season when bilious diarrhœa would be prevalent, if ever, and when people could scarcely have any unusual evacuations without exhibitions of bile.

In regard to the causes of cholera, I may repeat what I wrote nearly twenty years ago, after a careful study of the subject during the great epidemic at Pittsburgh. In the production of a case of cholera there must be three causes simultaneously bearing upon the individual, viz:

1. A *predisposition* to the disease.
2. A *specific cause*, more or less prevalent; and
3. An *exciting cause.*

An individual may have a predisposition to such affections of the stomach and bowels, an irritability or a weakness in the alimentary canal; and he may exercise, or eat, or drink imprudently, and bring on diarrhœa or cholera morbus; but he cannot have CHOLERA unless he is the subject of the *specific prevailing cause* of that disease.

Or an individual may have the *predisposition*, and be under the influence of the *specific* prevailing cause, and yet have no cholera; indeed, he cannot have it till the *exciting cause* is added.

Or, again, an individual may be subject to the *specific* cause of cholera, and may encounter a very sufficient *exciting cause*, and yet escape, if he has not also an individual *predisposition* to such an affection.

As a familiar example of what I mean, I may say, that in the production of effervescence at the soda fountain, three causes are requisite—an acid, an alkali and water—and that the absence of either one would defeat the end desired.

The alkali and the acid, in a dry state, might dwell together for years, without the least effervescence; but the moment water is added, activity begins. Or the alkali and the water might gently mix, and remain quietly together till the acid is introduced. Or the acid and water could exist in combination for any length of time without effervescence, till the alkali is added.

ITS AVOIDANCE OR PREVENTION.

Aside from the general cleaning up of the streets, alleys and yards of the city, the spreading of lime and coal tar, and an ordinance prohibiting the selling of all vegetables in the market, save onions! and tomatoes, no public or general measures were taken for the prevention of cholera.

Whether any, or just how much, good was effected by the efforts at cleaning and disinfecting and the prohibitory ordinances, none can tell.

One fact was very plain, as it had been in former visitations of cholera, that people who drank from springs of strong lime-stone water, or wells of the same, were more subject to the disease than those using water from the river. And I may add, that those using good cistern water were more exempt than those using the river water, especially where the latter was not filtered.

From my own observations, lately as well as formerly made, and from my views of the causation of

cholera, I specify the following as the most important precautionary or preventive measures :

1. A cool sponge bath and brisk dry rubbing of the entire person every morning, on rising.
2. Usual avocations, moderately pursued.
3. Avoidance of unusual fatigue or exposure to heat or cold, especially to currents of night air.
4. Avoidance of large draughts of cold water; also of food difficult of digestion, such as cucumbers, cabbage, green corn, onions, green beets and beans, fresh fish, the flesh of young animals, eggs, rich pastry, candies, etc.
5. Avoidance of alcoholic drinks, especially of beers fresh made. Light still wines, such as the Catawba, Ives' Seedling or Concord, may be used moderately at or after meals with benefit.
6. The best articles of food generally, during the prevalence of cholera, are beefsteaks, rare-broiled; beef, rare-roasted; mutton chops, broiled; good light bread, plain corn bread, "beaten biscuits," crackers; potatoes, full-grown, well boiled or roasted and thoroughly mashed; tomatoes, fully ripe, well stewed with light bread or crackers; hominy and rice, well cooked; Japan or black tea, cistern or freestone water, moderately; very little milk or cream.

Of course, general recommendations, such as I am able to give in a popular article, cannot suit every individual case.

Some of the articles allowed may disagree with a person here and there, invariably, and such a one should not therefore touch them. And some that are prohibited may be in nowise hurtful to certain individuals, and they may use them with impunity.

In the prevention of cholera or any other disease, the first duty of an individual is *to lessen the predisposition to it by an increase of the power of resistance in the organism.* This must be accomplished, as I have already indicated, by proper bathing, exercise and diet.

The second duty is, *to avoid exciting causes*, excesses, in eating and drinking, and exercise, or imprudence in the same. Fear is a very great exciting cause, and cannot easily be allayed. Where it has taken very full possession of an individual, if possible there should be an immediate change of residence to a region not infested by the disease.

The third duty is, *to prevent, by anticipation, the inroads or attacks of the specific prevailing cause of the disease.*

In the avoidance of the loathsome small-pox, we have learned to anticipate, and so prevent the action of its specific cause, by the use of vaccine virus.

And so in scarlet fever, we have found a valuable preventive or modifier in belladonna.

And I am happy to say that there is also, acting upon the same principle, a preventive, a prophylactic, for cholera.

As the vaccine virus acts upon the organism, through the blood, *in the same direction and in a manner similar to* the genuine variolus matter; and as belladonna acts upon the organism, the mucous membrane, the skin and other tissues, in the same direction and in a manner similar to the genuine, scarlatinal influence, *these remedies exhaust the susceptibility of the organism to small-pox and scarlet fever, more or less effectually and for a longer or shorter time.*

And precisely upon the same principle, and just as successfully, does *cuprum metallicum* (copper), properly prepared and used, exhaust the susceptibility of the organism to the *specific* cholera influence.

I have given it to thousands of persons during the prevalence of cholera in 1849, 1850, 1854 and 1873, as a preventive, and have never known one of them to take the disease while under its influence. It has been successfully employed in Europe, North, Central and South America as a preventive. Statistics in its favor are abundant.

Dr. Burq, a distinguished French physician (allopathist), discovering that the operatives in copper works were almost universally exempt from cholera, when prevalent all around them, corresponded with the heads and managers of such establishments, in various parts of the world, and, in a learned paper on the subject, advocated the use of copper (cuprum) as both a preventive and curative agent in cholera.

ITS CURE.

If, after all possible care, there is a concurrence of the causes we have mentioned, and the susceptibility of the organism takes in the cholera influence, all must be anxious to know something of the necessary means of cure.

Remedies must be suited to the various forms and stages of the disease. And before proceeding to mention the remedies best suited to the different forms and stages of cholera, I must mention some very commonly and most *unsuccessfully* employed.

Opium, in some form, is found in nearly every mixture and prescription for cholera, and yet it has no property or power making it a remedy for that disease. Because it has sometimes checked simple diarrhœa and may induce insensibility to pain, it has been clung to as a sheet anchor in the treatment of the terrible cholera, over which it can have no possible control. Under its strong influence there is depressed nervous and vascular action where there should be exalted action, and a stagnation of blood in the capillary vessels, where there should be a brisk return, and thus by it a tendency to collapse is established and harm done.

Pepper, Ginger, Mustard, one or all, may be found in nearly every cholera mixture in common use, notwithstanding they have no curative power in cholera whatever. In the stomach and intestinal canal they heat and burn the lining membrane and adjacent tissues, till nature sends there all the fluids she can muster to "put out the fire." The serum, already leaving the blood to coagulate in the capillaries and veins, making the hands purple with the coming collapse, is thus poured into the alimentary canal and rushed more rapidly away.

Calomel, chiefly employed to substitute bilious for rice-water evacuations, has been widely used and most unsuccessfully. In 1830-1, it was employed and abandoned—praised and denounced alternately the same in 1849, 1854, 1856, and I may add, in 1873.

Here in Nashville it has most signally failed, and its advocates have been nonplussed by the glaring fact, *that scores of people have died with cholera, whose evacuations at first, if not all the time, were bilious.*

Quinine has been brought forward and here extensively employed both as a preventive and a curative agent in cholera, upon the crazy hypothesis,

that the disease is but a form of intermittent fever—"a mis-located, congestive chill."

It has been given by the spoonful to those wanting a preventive, and heads have reeled and ears have rung with its fever-begetting stimulus.

And it has been injected under the skin, and its unfortunate subjects have died from its poisonous effects with few exceptions.

But let us turn to something more rational and effective.

The principle upon which we must select remedies is not essentially different from that upon which we have obtained efficient preventives for disease.

As belladonna is a curative agent in scarlet fever, and cuprum in cholera, so must all agents be curative only as they bear a like relationship to the affections for which they are severally employed.

As I have stated, belladonna cures scarlet fever because it is capable of producing similar conditions or symptoms.

For the same reason cold water cures cold feet, lime-water and linseed oil lotion cures burns—*by exciting a curative reaction in the forces of nature.*

Nature must do the curing, if any is ever effected. All that medicine can do is to arouse or excite her powers in the proper direction. Nature resists the cold application to the feet, by sending more blood and heat there, and so the cold feet are made warm.

(Lest persons, seeing the names of the remedies I shall mention, be induced to go for such as they can find in ordinary use, and so get crude or large and poisonous doses, I will state distinctly that they must be obtained only of dealers in homœopathic medicines.)

CROTON TIG. is the remedy for diarrhœa, when the discharges are copious, gushing and light colored.

ARSENICUM ALB.—When the discharges are copious, thin, of various colors, generally dark, very offensive, attended with great thirst, or nausea and prostration.

VERATRUM ALB.—When the foregoing remedies fail to stop the dejections, and when there is vomiting sudden and violent, especially on taking cold drinks or moving, with great weakness and faintness.

CUPRUM MET.—When, with or without any of the symptoms above given, there are cramps in the muscles of the abdomen or limbs, or in the stomach. This remedy may be used at any stage of the disease in alternation with one of the other remedies named. In alternation with Veratrum it has effected immense good.

CAMPHOR.—When, during the prevalence of cholera, one has a feeling of chilliness or sudden prostration, with nausea and faintness, take three drops of the tincture every fifteen or twenty minutes till relieved. Also, if, after the use of other remedies, there is a tendency to collapse, with cold surface and extremities, feeble or faltering pulse, life may be saved by the use of three drops of camphor every fifteen minutes, alone, or, if needed, in alternation with *Cuprum* or *Arsenicum.*

In regard to camphor, I must say that it has saved more lives, in jeopardy with cholera, than any other one remedy in the world. Wherever calomel, opium and camphor have been given in mixture, all the good effected in cholera has been due to the camphor; and the same might be said of all the other prescriptions and mixtures for that dreaded disease in which camphor has been a part.

ITS RESULTS.

The number of deaths from cholera here is not exactly known. It has been variously estimated at from 700 to 1,000. From the best information I can gather, I believe it to have been not over 900. Of this number, at least two-thirds were colored.

As the colored population here is only one-third that of the white, say 12,000, in a total of 40,000, it will be seen, that from some cause, or causes, the disease was both more prevalent and more fatal among them than the whites.

One cause was, doubtless, a greater predisposition to the disease, by reason of temperament and constitution, and another, their manner of living—green and poorly cooked vegetables being their chief subsistence, and limestone water their only drink.

Their settlements are almost invariably about the large limestone springs where the water is free from tax, their cabins huddled together, illy constructed and very damp.

In regard to remedies they went to extremes, taking either none at all, or very large doses of destructive mixtures.

Nursing among them was very poor, the attendants exercising more in frantic prayers, singing and shouting, than the timely faithful care required.

I must enter a protest here against the charge appearing in many papers, that Nashville was more grievously affected than some other cities, by reason of local causes, general unhealthfulness, and a lack of sanitary care. This city, on the score of general healthfulness, is not surpassed by any city in the United States. From July 1 to January 1, its inhabitants have less sickness than the people of any city that I am acquainted with, and from January 1 to July 1, it has only the troubles incident to changes of temperature, save in June, when the first fruits and vegetables come into use.

Nashville is distinguished for the salubrity and mildness of its atmosphere.

There is no reason for severe visitations of cholera here save, as I have mentioned, in its springs and wells of limestone water, and the manner of living among a portion of its population.

So far as modes of treatment, or remedies are concerned, I have already indicated some of the results.

Among the masses, the cry at first was for powerful remedies and large doses, but before the close of the visitation it was changed. Thinking people with facts before them, could not be long in coming to the conclusion, that massive doses of poisonous drugs not only failed to stay the disease in its fatal progress, but that they actually carried off with brain disease and fever many whose good powers of endurance had brought them through the cholera. Many learned the truth couched in the words "*die milde macht ist gross,*" and turned for safety and relief to the gentle doses of *cuprum*, *veratrum* and *camphor.*

I am satisfied *that the rate of mortality under homœopathic treatment was not half what it was under the allopathic.*

In a practice that kept me busy eighteen out of twenty-four hours, with a due proportion of cholera cases, I lost but one patient with cholera.

I do not mention this fact for personal gain, nor the success of homœopathy for partisan purposes, but in proof of the efficiency of the remedies pointed out by the homœopathic principle, and in justice

to medical science, and for the good of the people of all classes and everywhere. The course of cholera is onward to the north, east and south of us, and I hope what I have written may prove of benefit to those who may be in its sad line of march.

Nashville, Aug. 19, 1873.

A PRACTICAL CASE.

By R. W. MARTIN, M. D.

M. H., aged twenty-four, school teacher, dark complexion, dark hair, dark eyes, emotional, good-natured, although inclined to melancholy, consulted me January 11th, 1873, for a "weakness" of the eyes causing her much trouble and pain.

After reading a few minutes, the letters and words of the printed page would appear blurred, running into each other, and presenting the appearance of indistinct and cloudy lines; at the same time a pain would dart through the eyes from one temporal region to the other, sometimes from right to left and sometimes from left to right.

Generally she felt well and strong, but could bear no fatigue and always felt very much averse to getting out of bed in the morning.

Menstruation was "conducted" regularly and normally.

A profuse leucorrhœa was present, causing much annoyance; it was watery, acrid, offensive in odor —the acridity so great as to destroy the linen garments wherever it touched them. The quantity was such as to cause surprise; as much as half a tea-cup full, or about two fluid ounces, being discharged every two or three hours during the day, while at night there was no discharge, and not an extraordinary quantity immediately after rising in the morning. This leucorrhœa was always worse immediately before and after the menstrual flow, which, as I have before remarked, was perfectly normal in quantity, quality and period. As she seemed to be more particularly distressed about the state of her vision, I refused to prescribe until an expert ophthalmic surgeon had made a diagnosis.

Accompanying her to the clinic of Prof. C. T. Liebold, at the N. Y. Ophthalmic Hospital, she received a careful examination at the hands of that skillful gentleman, whose verdict was "debility of the internal recti muscles," the muscular asthenopia of Von Carion. The professor advised the continued use of cimicifuga.

After a faithful administration of this remedy for two weeks and no improvement being manifest, I gave Nitric ac. 3. This in turn was followed by Creosote 3 to Creosote 30 without any apparent benefit, but, on the contrary, the morning debility had become excessive, and the pain in the eyes came without the provocation of reading, while the leucorrhœa had become even more fetid and corrosive.

March 2d. She received Iodine 30, a dose night and morning.

March 9th. No better, and received Iodine 6, carefully prepared on the centesimal scale.

March 16. No improvement being apparent, she received one drachm of a tincture of Iodine, made by dissolving 10 grains of that substance in one fluid ounce of alcohol. Of this she was ordered to take one drop three times a day in milk.

Improvement began to be manifest in three days; the leucorrhœa first became less "marked" in its odor; then it became less acrid; next, it was observed that the quantity lessened and the "gushes" were not so frequent.

The menstrual period came around, and after the flow ceased, the leucorrhœa was worse than ever, except that it was odorless; she grew discouraged. I ordered the Iodine to be taken every four hours, and when the next menstrual period arrived, she had neither leucorrhœa, or weak eyes.

The *order of disappearance* of the morning debility was not observed, but vision improved in exact ratio with the disappearance of the leucorrhœa.

She has gone back to her old vocation of school teaching with a more elastic feeling than she has experienced for years, and no longer harassed by the fears of one year ago, that she would never more engage in the occupation she had chosen for a life work.

And now let me ask some of the older and wiser men of the profession; why, if there is "no choice in the potency, provided you have the remedy," did not either of the higher potencies of Iodine effect a cure?

Every journal of our school comes laden with cures made by the one-thousandth or the one hundred thousandth potencies of drugs, and very often of articles of food—as Triticum, Saccharum off., sac cui flos ademptus est (why not add gus to the materia medica) and others of the *same stripe*, while sandwiched between them, we find occasional outbursts of invective against the dominant school for its "unjustifiable trifling with human health and life."

To me the only difference between the "unjustifiable trifling" of the one school and the "unjustifiable trifling" of the other school, is one of degree only; just the difference between plus and minus; between doing too much and doing too little.

Men holding extreme positions on all questions of the day, be they political, theological or medical, *have* always existed and *will* always exist. The sole desire of these extremists, "Radicals" they like to be called, would seem to be to carry the exemplification of their peculiar views as far as possible—further than most men of average ability can follow.

We have many of them in our school (need I say the Homœopathic), and among them, a few who would hesitate not a minute to trust the life of a patient to the thirty-millionth *potency* of moonshine, were it attainable, and did it appear to be *indicated*.

That this is not all mere assertion will be apparent to any one who will take the trouble to recall to memory the odo-magnetic sugar man, with his bottled *blue-light*, the transcendent virtues of which were vouched for by *one*, at least, of our brightest lights whose illumination of many fields of scientific research command our respect and admiration. These reflections from the question asked constitute my apology for inflicting this paper upon your readers.

Elizabeth, N. J.

PROF. AGASSIZ has been presented with a handsome yacht of 80 tons, estimated to cost $20,000. The vessel will be used for dredging, temperature, soundings, &c., along the coast. Its presentation makes perfectly complete the apparatus for practically training the students of the finest Natural History School in the world.

THE "SCHOOLS" OF MEDICINE.

By A. K. Gardner, M. D.

Till very recent days the infallibility of the Pope, the divine right of kings, and the arrogant lofty claims of the physician were deemed equally indispensable. But the 19th century sets at naught the decisions of past ages and moves for a new trial, appealing against the decisions of the past.

Medicine, which was once the consideration of everything proposed, accepted and recognized in the whole domain of the curative art, by its own narrowness and imbecility retreated from that lofty position, and by expelling the propounders of alleged new truths, by flouting and ridiculing the proposers of new principles—true indeed to a limited extent, but wrong as general truths all-embracing and revolutionary—has permitted these too sanguine theorists not only to assert but to prove the potency of their ideas, but—what was as incorrect and as ill-judged as the action of their opponents—to magnify and exaggerate the importance of their various innovations and to attempt to create what they denominated new "schools of medicine," not recognizing, contradicting, even spurning the hereditary lore of centuries.

The natural result of the arrogance on the part of the former, and the pretension on the part of the latter, has been to create an antagonism, most bitter in its nature, founded upon error and manifestly detrimental to the best interests of mankind.

The various schools, as represented by their extreme men, the ultra Thompsonian, ultra Water-Curer, ultra Homœopathic, ultra old school physicians, are all of them in the wrong; they refuse to see the light before them. As well might the representative of Jupiter deny the light that comes from Sirius, or one from the ring of Saturn question the red light of the planet Mars.

The fact is that all of these bodies shine from the reflected light of the sun, and the various "pathies" and "isms" all have caught and radiate some beams of a great central truth, but yet "one star differeth from another star."

The true man of real science to-day is one of wide receptivity; he recognizes a fact and is willing to acknowledge it, no matter by whom propounded, or whether it is or not satisfactorily explained.

And the people—"the common people heard him gladly;" they say, "Who shall decide when doctors disagree?" They say, "One thing I know, whereas I was blind, now I see; whereas I was sick, now I am well." They say, "Give me men, not principles; we can judge the men, but the depths of medical lore is beyond our ken!"

Fortunately, however, the science of medicine, whose votaries separated at a forked road some years back, and vaguely wandered in apparent manifest divergence, have yet really both one and all been making progress. "All roads lead to Rome," Heaven is as near from one point as another," and the honest seekers for truth, how diversely soever they wander, yet surely at the end find themselves gathered together around the same shrine.

Conservative allopathy has unwittingly been divergent in her supposed uncompromising course. The subtle powers of unsuspected gravitations, the magnetic influence of even negative potentialities have insensibly deflected her supposed unswerving course. The unaccustomed atmosphere of a world newly thinking, freshly investigating, and for the first time deciding for itself by its own jury, has had an unrecognized but powerful influence; so that the practitioner of half a century ago even would accuse his associates in "regular medicine" to-day with being innovators and experimentalists.

Nor does Homœopathy and the Water-Cure and other new lights stand any more secure in the "ancient landmarks." Their names may indeed remain unchanged, but the representatives, even the standard-bearers, are animated with modified ideas.

The truth is undeniable that in medicine as in all strifes, the quarrel is strongest where the points of difference are the slightest. The Christian, for example, is far less truculent with the Mohammedan or the Pagan than with some intermeddling affiliated sect. In like manner, the progressive men of the various "schools" are now on converging lines so closely approximating, that were not the separation kept up by the dividing party names, both would now, in millennial quietude, lie down together under the sheltering arms of the tree of knowledge of good and evil, the science of medicine, and be mutual, recognized by no other title than that of practitioners of medicine, students of the ever widening science of life and death.

Whatever were the judgments of the past, to-day the fact is undeniable that the exclusive follower of any "ism" is a bigot, and his course shows a narrowness inconsistent with the progress of the race. He who would refuse to recognize the utility of gas, steam, electricity, photography, might consistently refuse to recognize the benefits derived from modern medical speculations and discoveries. Nor would it be more absurd if one should refuse to move except by steam, employ any other light than gas, send a letter by mail, or adorn his walls with the gems of the painter's art, than if he should refuse to recognize the great truths of Hippocrates, Galen, Pliny and myriads of their successors, whose genius has saved the race from suffering, and rescued from premature death.

The bigots in medicine are either mercenary partisans or weak-minded enthusiasts. Science needs neither; she asks for no quarrelsome defenders, but appreciative students are attracted by her sublimities. *Magna est veritas et prevalebit.*

But in the jar of contending forces the community stand dubious. Which school is right? Ignorantly the multitude array themselves under one or the other's banners, and are perhaps even more clamorous than their leaders. Neutrality is the true position. In another place I have said, "How to choose a family physician." The doubter here will find additional light by re-perusing that article in connection with this. The community are not interested in the theoretic squabbles of their medical advisers. The farmer does not ask his Yankee whether he digs his potatoes with a hoe, or his Irishman whether he exhumes them from their bed with a shovel; all he desires is to have his barrels filled quickly.

The sensible man of family will think little of the scientic dogmas of his physician, the truth or error of which he cannot judge without a study requiring time and capacity, which few can bestow upon the subject. He can, however, judge the mental cali-

bre of the men representing one or the other wing of the profession, and can choose between them on this basis. Thus judging he may perhaps find himself to agree with the Psalmist, who says, "The liberal-minded man maketh glad."

CLINICAL NOTES FROM PRACTICE.

By W. N. Guernsey, M. D.

Case I.—In July, 1872, during the heated term, when deaths from sunstroke in this city were numbered daily by the hundred, I was summoned to see Mr. ———, at a neighboring town in Connecticut. He was about thirty years old, of spare habit, brunette, and generally enjoyed perfect health. After some imprudence in eating, he was attacked with cholera morbus. Under treatment (allopathic) the severity of the attack was somewhat mitigated, but the nausea, vomiting and diarrhœa continued. Although carefully watched by his physician, he became steadily worse, and on the sixth day of the disease I was telegraphed for to come in haste. I went, and found him confined to his bed; his face was sallow and sunken, and his pulse soft and feeble. He complained of having profuse watery diarrhœa, frequent vomiting, and a feeling of extreme weakness. Nothing could be retained upon the stomach, he said, and his thirst was insatiable. His tongue was dry and of a reddish brown color. That morning, according to his own account, he had vomited every fifteen minutes. I prescribed *Merc. Sol.*, *Arsen. Alb.*, and *Veratr. Alb.*, with the directions that the mercurius should be alternated hourly with the veratrum until six doses of it had been taken, and then arsenicum to be alternated with the latter remedy. The patient did not vomit again, and had only one diarrhœaic movement after this plan of treatment was commenced. He convalesced rapidly, and in a few days was out of doors and soon attended to business.

Case II.—In August, 1872, I was called out of town to see a case somewhat similar to the preceding. The patient was an elderly gentleman of 60 years or more, and although ordinarily enjoying fair health, he had been greatly prostrated from the intense heat of the summer, and was suffering from a severe attack of diarrhœa. It had already lasted four or five days, and the patient was continually growing worse, although during the entire time of his illness he had been under the care of an allopathic physician of some eminence and acknowledged skill.

I found him very weak and confined to his bed. The movements were profuse, very offensive, and involuntarily passed at frequent intervals. His tongue was thickly coated with a dingy white fur, he had no appetite, and his pulse was very soft and feeble. I prescribed *Merc. Dulc.*, *Arsen. Alb.*, and *Veratr. Alb.*, with the directions that a small powder of the mercurius should be immediately taken, and to be repeated at intervals of two hours until three doses had been given. Also, the latter remedies to be taken alternately every half hour. The diarrhœa was immediately checked, the appetite returned quickly, and he made a speedy convalescence.

Case III.—Mr. O——, a middle-aged gentleman, suffered from a severe attack of cholera morbus in July, 1871.

My aid was solicited, and I found him in his bed suffering with extreme pain in the stomach and abdomen. His face was pinched, the lips blue, and the extremities were cold, and bathed in clammy perspiration. The pulse was very weak, and could be only faintly felt at the wrist. On examining the abdomen, I found that it was covered with a mustard cataplasm, and although it had remained on so long that a blister was forming, yet he had felt no unpleasant sensation from it, and had forgotten, indeed, that it was there, so oblivious was he to everything about him, as he lay writhing in agony. I prescribed *Merc. Dulc.*, and *Colocynth*, one powder of the mercurius to be taken immediately, and to be followed every fifteen minutes by the colocynth. As an urgent case in the vicinity demanded immediate attention, I left, promising to call again on my return home. Half an hour afterwards I did so, and found him sleeping quietly; his pulse was strong and full, and the skin was warm and moist, and every evidence of his previous suffering had disappeared. The next day the vomiting and diarrhœa were checked, he was about the house, and on the following one he attended to his business.

Case IV.—In the summer, I was called out of town in haste, to see a case of cholera infantum; I found a babe of about four months lying almost lifeless, pale and cold as marble, in its mother's arms. Its face was pinched, its eyes sunken, lips bloodless, and ears transparent and waxy white. Three minutes before, the mother, for a moment, thought her child dead; but it gasped, and then breathed faintly again, and I could faintly feel the pulse beat at the wrist. The child had been sick two days, and had never been strong, or displayed much vitality.

The case seemed to be an almost hopeless one, but as experience had taught me not to regard such cases in children as necessarily beyond medical aid, I prescribed *Merc. Corrosiv.* and *Veratrum Alb.*, also three drops of camphor, to be put in a wine-glass of water, and a few drops to be given at short intervals. Brandy and water was directed to be given, and, if possible, strong beef tea.

The following day, the father came and asked me what remedy I could have given, that had produced such a wonderful effect upon his child. The child had improved rapidly after the first dose, and in a couple of days was brought to the city, when it was nearly well.

I have narrated these cases to illustrate the rapid and effective action of homœopathic remedies, as, perchance, this paper may fall under the notice of some allopathic physicians who still scoff at homœopathy, and who, either through ignorance or bigotry, still think that with their school alone rests all the knowledge of the laws of cure.

These were not exceptional, or remarkable cures; such rapid results are attained every day, when the remedies are administered according to the law of "*Similia.*" Under that law, medicines act promptly and effectively. What medicine culled from the allopathic Materia Medica would have produced such striking results, so quickly as Mercurius and Colocynth effected in Case III? Morphine, administered hypodermically even, would not have brought such speedy relief and so gentle sleep. How could

Opium have fanned the smouldering spark of vital action into the vivid flame of active organic life, as *Merc. Corros.* and *Veratr.* apparently did in Case IV? And certainly, Nature, left unassisted, could not have wrought such happy results. Homœopathy wears the laurels in the treatment of diarrhœa and cholera infantum, as I have never seen such constant, rapid cures under the most skillful of allopaths as are made every day by the humblest of our practitioners.

A CASE OF PSEUDO-PREGNANCY.

By L. T. Warner, M. D.

In May, 1858, I was engaged by Mrs. N—— to attend her in her approaching accouchment, which she expected to occur about the first of October. She was about forty years of age, had two living and healthy children and now supposed herself to be in the middle of her third pregnancy. In both of her former pregnancies there had been a slight uterine hemorrhage at about the fourth month. On this occasion she was affected in the same manner. In all respects the indications of pregnancy were precisely the same as they had been on the two previous occasions. Her menstruation was perfectly regular up to the time of the supposed conception. She had the usual morning sickness, had experienced the sensation of quickening and now felt the motion of the child distinctly. I did not see her again until the last of September. I found her then presenting the same indications of good health that she did when I saw her four months before, but considerably increased in size, and having the appearance of a woman about to be confined. The abdomen was quite prominent, the breasts were very much enlarged and contained a milky secretion. She informed me that she had been perfectly well since I last saw her and that she had constantly felt the motion of the child. The delay which now took place in the occurrence of labor excited a slight suspicion in my mind that all was not right; but in view of the lady's experience in such matters, her convictions as to her present condition and her perfectly good health, I scarcely dared to entertain a doubt, and did not think it worth while to agitate a question which would be so soon settled by time. At length, on the 19th of October, she presented two of the ordinary indications of the commencement of labor—a slight diarrhœa and a subsidence of the abdominal tumor into the pelvis. During that night she had a few slight pains accompanied by a "show." At 4 o'clock P. M., of the next day, she commenced to have regular labor pains. I arrived at her house between 7 and 8 o'clock in the evening and found the patient dressed and walking about and everything appearing to be as usual in such cases. The pains occurred at intervals of 15 or 20 minutes. They were short in duration, but quite sharp. As it did not appear to me that the pains had been sufficiently severe to make any very decided impression upon the os uteri, I did not think it necessary to be in any haste about making the usual disagreeable digital examination, but decided to remain in the house all night so as to be accessible if needed. In the morning the nurse informed me that the pains had ceased entirely at 12 o'clock. As a temporary cessation of pain at this stage is not an unprecedented occurrence in perfectly natural cases of labor, I, of course, was not surprised. The pains commenced again the next day about the same time that they did the day before, gradually increasing in severity towards night, but coming on at very irregular intervals. I visited her in the evening, and having a presentiment that all was not right, determined to make an examination. I did so, and very soon discovered that she was not only not about to be confined, but that she was not pregnant! I communicated this information to her on the following morning. She was exceedingly grieved and mortified at the revelation, and at the same time disposed to be incredulous. Time, however, has proved the correctness of my opinion. Up to the present time there has not been any return of the menses nor any uterine discharge. Her health is and has been essentially good. The abdominal prominence has gradually subsided, so that now there remains only the embonpoint incidental to the lady's age.

This case was probably one of purely ideal pseudo-pregnancy coincident with the cessation of the menses at the critical period of life. The lady had been recently married to her second husband and they both were exceedingly anxious to have a child. This strong desire for offspring, the sudden cessation of the menses, with the concomitant or consequent visceral enlargement and probable tympanites, supplied all the elements required by the imagination out of which to establish a false sympathetic relation between all the organs concerned in and affected by the function of reproduction. I have seen several similar cases since and, from my intercourse with members of the profession, am inclined to think they are of more frequent occurrence than is generally supposed. When such a man as Sir James Clarke can commit the very grave error of pronouncing a case like this one of genuine pregnancy, and when cases of genuine pregnancy can be mistaken for ascites and subjected to the operation of paracentesis, as has been done by respectable members of the profession, it behooves us to study more carefully the phenomena of pseudo-pregnancy.

A RAPID AND COMPLETE CURE OF A NEURALGIA OF THE UTERUS AFTER FRUITLESS ALLOPATHIC TREATMENT.

By Dr. J. Kafka.

Translated from the German by William N. Guernsey, M. D.

I purposely select those cases for publication where "the men of science" have exerted themselves in vain to arrest the progression of a disease, and yet under the homœopathic law of cure, all the symptoms have been relieved, and recovery established. Our opponents may therefore see that the physiological pharmaco-dynamics, rightly understood and skillfully administered, is no empty delusion; and also that the principles of the homœopathic law of cure are founded not in error and superstition, but upon truth, and that by a proper and judicious selection of the appropriate remedies, our results far surpass theirs in certainty and rapidity.

Mrs. Schramek, a tailor's wife, 23 years old, possessing ordinarily a tolerably robust and well-developed form, is now greatly reduced by her present illness. Twenty months since she was married, and about three months ago she lost her only boy; over-

whelmed by this misfortune, she is changed greatly, and since then has been afflicted with violent abdominal pains, and been unable to obtain relief. This good woman nursed her boy herself, and was happy over his excellent condition; suddenly, without any known cause, he was attacked with diarrhœa, followed by intestinal and brain *cramps* (the expression used by the patient; probably colic, attended with convulsions and insensibility), under which he rapidly succumbed. Her grievous loss partly, the disturbed lactation, and especially the depressing condition of her mind, threw her on the sick bed. Here she lay, tortured with the most agonizing pains, and was treated allopathically, but so far without the slightest relief, and consequently is on the brink of despair. On the 21st of April, 1870, my aid was solicited. I found the patient suffering under the most agonizing pain, groaning and sobbing; she was continually invoking the "Holy Family" to succor her, as is customary with her class of people. Now, in incessant motion, she doubled herself together—now stretched out the legs, then threw herself upon the right side and then upon the left, in desperation jumped up, immediately to throw herself back again upon the bed exhausted, and unable to procure any position to relieve her distress.

The pain was localized principally in the hypogastric region, and extended thence to the right hip, and down the ischiatic nerve to the knee, and also upwards to the right elbow. It was of a burning, cutting, and pinching character, and produced simultaneous reflex symptoms, as nausea, retching, or vomiting, or a frequent desire to urination or defecation, and a bearing down in the genital organs, with the sensation as if something was being pressed out there.

These attacks of pain occurred at indefinite intervals, and lasted frequently uninterruptedly for six or eight hours. During one of these periods the whole abdomen, and especially the hypogastric and right inguinal regions were extremely sensitive to the touch; there was no tympanites, however, and percussion over every portion of the abdomen gave a resonant sound. The pains would sometimes gradually, at other times suddenly, disappear, and would remain away for two, four, or six hours, when the patient could eat and sleep somewhat. During an attack, however, no nourishment can be taken, sleep is impossible, and the patient, in great restlessness and agony, throws herself about as pictured above. Her pulse beats rapidly, her cheeks are flushed, and skin dry, although not feverish. As I was anxious to make an exact diagnosis of the case, I visited her at a period when she was entirely free from pain. I found that at these intervals the abdominal walls were not sensitive to pressure, and the sympathetic and reflex symptoms had entirely subsided. The frequency of the heart-beat and the pulse and the temperature of the body were nearly normal. Therefore, there was no intimation of any peritonitis or other inflammatory process present. At the same time I made a digital examination of the uterus, and found the *os* lengthened, proboscis-like, the body somewhat enlarged and hard, and the vagina moist and cool.

The thirst was not increased either in the paroxysm or out of it, the appetite disappeared entirely during an attack, but at other times soup and milk were eaten with considerable relish. The urine was, during the pain, pale and copious, and from the constant desire to urination, was passed at frequent intervals; there was much constipation, and although during the attack there was a constant inclination to defecation, no movement ever occurred, and it was only produced by lavements.

The patient could only sleep at the intervals when free from pain; she felt very weak, and was, owing to the long duration of her illness, somewhat emaciated, and although she looked worn by her great suffering, her appearance was not of the worse.

It may be clearly seen from this history, which has been drawn true to nature, that we have no inflammatory process before us here, but that *there is present a severe form of neuralgia accompanied with a slight infarction of the uterus.* The latter is probably the result of a faulty involution of the womb after her last confinement; and the uterine neuralgia a sequel of the depressed condition of her nervous system resulting from the grief for the loss of her loved boy, and therefore has attained such a severe form. To relieve this condition, mixtures of almond or castor oil combined with aq. laurocerasus or with opium or morphine, flowers of zinc and the valerianate of zinc, had been prescribed on the part of the allopaths. Various anodyne salves and embrocations had been made use of, and towards the last, morphine injections had been tried, as also aromatic and tepid water baths, but with purely negative results.

According to my own convictions, the main question here was to mitigate or relieve the severe paroxysms of pain, and then afterwards take into consideration the infarction of the uterus. As the pain attained the degree of insupportableness, and as also the abdominal walls were so hypersensitive during the attack, I prescribed *Belladonna* 3, in solution, with the directions two tea-spoonfuls to be taken every two hours. Also, I directed her during an attack to remain as quiet as possible, not to moan any, as it only aggravated her disease, and not to throw herself about, as the pains were more easily subdued when in a state of repose. And, indeed, within two days a marked diminution of the severity of the pains was obtained with this remedy; yet, the attacks did not entirely disappear. As I saw after four days further trial that the paroxysms were diminished in severity but not in duration, I prescribed *Atropine Sulph.* 3, with the view of making a greater impression upon the disease, as in my experience this remedy alleviates spasms of pain more forcibly and rapidly than Belladonna. The result justified my expectations in so far that after six days' administration of the Atropine the pain became much more tolerable; yet the attacks were not discontinued, and they were of as long duration as formerly. In the last one the pain was quite severe again, and it was evident that the remedy must be changed if a favorable result was to be obtained.

I examined with renewed care all the subjective and objective symptoms again, and found as characteristic, not the pain only, but also its severity and its reflex action upon the neighboring organs, viz: the bladder, the rectum and the uterine plexus; and from these symptoms as a stand-point, I selected *Cocculus* 3. This was May 4th, and it was to be given in solution, and a dessert-spoonful to be taken every two hours. When I say in my treat-

ment that a properly selected homœopathic remedy which answers to the totality of the symptoms acts swiftly, I base my opinion upon a great number of observations and practical experience, gathered directly by the sick bed; and the truthfulness of my assertion was most brilliantly verified in this obstinate case. Immediately on the second day of the use of this remedy, a perceptible improvement in the condition of the patient could be observed. The pain was considerably less severe, and the paroxysms occurred more seldom. On the 8th of May, the patient was free from pain during the whole day, and only in the evening was there a slight monition of it, which disappeared in about twenty minutes. From this day all the paroxysms of pain entirely subsided. With the rapidly progressing improvement in the condition of the patient, and under the continued administration of Cocculus (which was gradually reduced to three, two and one dose each day), there was no longer any trace of vesical or rectal tenesmus, and no further sensation of bearing down in the genital organs. The abdomen tolerated firm pressure, the bowels, the urinary organs, sleep and appetite gradually regulated themselves—only the uterus remained infarcted, which was proved by an internal examination.

That this important factor of the disease in question might be mollified, I ordered luke-warm baths of 15–30 minutes' duration three times a week, and prescribed *Iod.* 2, for internal use, in the powdered form, and a dose to be taken thrice, daily. After eight days I found the swelling of the uterus much less marked, and the proboscis-shaped prolongation of the os smaller and perceptibly softer. Still eight days more and I could have dismissed the patient from treatment, as the infarction was rapidly disappearing, and the patient otherwise in a normal condition. I recommended that she should be an out patient, so that I might observe the further progress of the recovery. I ordered the warm baths to be taken only twice a week, and of thirty minutes' duration each, and the Iodine to be continued twice, and later on, once daily.

By the middle of June, the patient was dismissed as entirely recovered. She had regained her good looks, and in October of the same year she announced to me with great glee that she was again *enciente.*

Cocculus is a remedy which many of our allopathic physicians do not even know by name, and with whom it has fallen into disuse. Pikrotoxin is, according to Orfila's universal toxicology, its chief ingredient. This remedy was proved physiologically by Hahnemann and his associates, whereby its action upon the system and the various organs was clearly demonstrated.

To the indications for the administration of this remedy, as extreme painfulness of the affected portion to the touch, aggravation of the disease in repose, relief by motion of the body, etc., I may add, as among *those* most marked, the reflex symptoms, which involve the whole muscular system, the feeling of distress in the stomach, and nausea, bearing down sensations in the uterus, rectal and vesical tenesmus, and sometimes in the inguinal rings a feeling as if a rupture was about to occur. I selected Belladonna and Atropine at first, because an extended experience by the bedside speaks well of these remedies, as they have a quieting action upon those symptoms which take their departure from the uterus, and soothe and relieve the severest forms of pain, and the most marked hyperæsthesia of sensitive organs. As has often been demonstrated, these general indications proved to be insufficient. I was forced to consider the special symptoms, and these particularly were the clue to my success in this case, which had been treated allopathically without the slightest result having been produced. The advocates of the individualization and specializing theory may see from this that I believe in the exact and tolerably well restricted action of a remedy, and by no means express myself in behalf of the generalization theory. But I may ask, what can we accomplish at the bedside without having a general knowledge of the action of our medicines? Who among us, even if he be the oldest and busiest practitioner, can pride himself in having such a gigantic memory that he knows the homœopathic materia medica in all its minutest particulars?

Even Von Bœnninghausen, one of the most profoundly versed of his time in the knowledge of the homœpathic remedies, found it often necessary to read his physiological pharmaco-dynamics, that he might not overlook all the special indications. Every practitioner must possess a certain degree of knowledge of the general action of the homœopathic remedies, if he expects to be properly armed and equipped that he may obtain good results by the bedside. It often happens, however, that this general knowledge does not suffice; that, for example, instead of Aconite, Mercur., Hepar or Bryonia is required; instead of Nux Vom., Natrum Mur., or Magnesia Muriat., or Sulphur, and in place of Bryon., Dulcamara or Pulsatilla or Rhododendron. I am therefore of the opinion that in every case we must first make use of our knowledge of the general action of a remedy: the knowledge of its especial indications is to be derived partly from the practical deduction from clinical observation and experience, and partly to be found in our homœopathic materia, the careful study of which may here be most urgently recommended to every assiduous homœopathic physician.

BROOKLYN HOMŒOPATHIC HOSPITAL SURGICAL CLINIC.

By A. Varona, M. D.

Case I.—R. A. K., aged 32, entered the surgical ward under my care, on the first day of April, suffering from a disease which, though having all the appearances of an encephaloid cancer of the testicle, proved to be (from the very interesting history of the case given by the attending physician, Dr. Gorton) a fungoid syphilitic sarcocele. The testicle being completely desintegrated, a fungus one-third the size of the whole tumor (which was as large as a turkey's egg) protruding through its base, castration was decided upon.

I operated on the second day of April in the following manner:

The patient having been placed under the influence of chloroformed ether, and the parts duly shaved, I made two elliptical incisions, including the fungus and a small portion of the scrotum. I enucleated the testicle, carried the dissection up to the spermatic sheath, transfixed this with a whip-cord,

gave it to an assistant, directing him to drag it downwards, divided the spermatic cord half an inch below the transfixed point, tied it *en masse* (very tightly) also below the whip-cord, and allowed it to go back to its place, leaving the whip-cord *in situ*, holding by its means all possible secondary hemorrhages under control. There being no flow of blood from the scrotum, the wound was closed by sutures, leaving an open space at the base for the exit of suppuration.

With the reaction a little bleeding occurred, but cold water checked it effectively, and the patient steadily improved without the slightest pain or inconvenience of any kind.

On the fifth day I removed the whip-cord; on the ninth the ligature came off, and on the fifteenth (April 17th) the patient left the hospital completely cured of this most troublesome disease.

In this case the English method of ligating the cord *en masse* gave perfect satisfaction, and I operated in this manner, as I have on three previous occasions, because I am convinced that the fears entertained by some American surgeons (Hamilton's Practice of Surgery, page 871) of its producing severe after-pains, are groundless, if the ligature be applied tightly enough, not only to obliterate the spermatic, the deferential and the cremaster arteries, but with the additional force necessary to *completely crush* the spermatic, genito-crural and ilio-scrotal nerves.

ON THE VITALITY OF HIGH ATTENUATIONS.

By W. Freeman, M. D.

About twenty years ago I got from old Mr. Lentz, of Philadelphia—an honest enthusiast in Homœopathic attenuations—some of his high potencies, which I used for several years with varying success, and after having used up some of the most important remedies, the rest were gradually laid aside and superseded by other attenuations. No particular care was taken of them, and they were tumbled about in a drawer with mother tinctures, triturations, odds and ends, so that I thought there could be but little if any virtue left in them.

Some time since, I had a patient who was exceedingly troubled with constipation. I had given him Nux—Sul.—Hyd.—Collinsonia, &c., without any lasting effect, and, by way of experiment, I thought I would try some of the old remedies of Lentz'. I dissolved some pellets of Plumb. 409, in a few drops of water in a vial, filled it with alcohol, giving it a good succussion, and gave it to my patient with instructions to take five drops night and morning until his bowels became regular, then stop, and take again if necessary.

Some time after that I saw him. He said that was the only medicine I had given him that had done him any good.

That was two years ago. He has had the vial renewed once since and it has been for him a sure relief.

I have given that preparation of plumb. in several cases since of chronic constipation, and nine times out of ten with perfect success.

I must say I have been astonished at the action of that old preparation of plumb. which, after being tumbled about with all sorts of strong remedies, exhibited as much power and vitality as when I first received it.

ALBRECHT VON GRAEFE.

A recent article by the Rev. Wm. H. Milburn, for so many years known as the eloquent "blind preacher," recounting his impression of one of the most remarkable men the medical world has ever produced, is so full of beauty, and sketches the great oculist in such just and truthful colors, that we cannot refrain from transferring portions of it to our pages. Mr. Milburn, when but five years old, received an unlucky blow from the hand of a playmate, which inflicted a severe wound in his left eye. He says, in speaking of it, "Had the incident occurred a hundred miles from a doctor, and my mother applied a wet bandage to my eye, I might have been saved more than forty years of twilight deepening down into utter night." When nearly two-thirds of his life had passed, measuring human life by the usual standard, attracted by the world-wide fame of the great German professor, he placed himself under his medical care, and this is his impression of that wonderful man:

"It would be hard to convey to those who never knew him, an adequate and yet credible notion of this man's tireless and almost superhuman labors. Although slight of build, narrow-chested, often gasping for breath, he seemed to defy fatigue, and set at naught the limitations of work which hedge most men's activity. He was usually up by seven, passed an hour or two in study, then read and answered his letters while taking his coffee. Nine was the hour for his lecture at the Klinik, where students and physicians from all parts of the globe were gathered. Fleet as his horses were, he was usually behind time. All impatience, however, was banished, as with a quick step he entered, breathless but smiling, and said, 'I was to be punctual to-day; well, that will be for to-morrow.' A more beautiful man's face than his has hardly been seen in modern times. Who that has looked upon it can forget the high, broad brow of the noble head, the dark blue eyes, and the exquisite lips, where sat such mingled beauty and power? It seemed, indeed, only as a lovely transparency through which the light of a still more lovely soul was shining. His action was quick and decided, yet graceful, his voice very pleasant to the ear, his speech easy and affluent. His manner had the simplicity and sportiveness of a child's, and yet you felt the dignity and authority of a master. Wholly unaffected, and even unconscious, in all he said and did, he yet breathed around you the atmosphere of supreme genius. It was strange to watch the love and reverence which attended his steps. The hour's lecture over, during which he had held the great throng spell-bound and even breathless by his eloquence, the death-like stillness broken now and then by irrepressible applause, he proceeded on his daily visit through the wards of his hospital. Day by day have I noticed the flurried manner of nurses and attendants, their eagerness tempered by a kind of devout worship, the hush of expectation which waited the master's coming—and now you hear his fleet, light steps, which keep his aids upon a run. He is in your room, where darkness and pain vanish at his cheering salutation. The bandages are removed in a trice. The examination is made with rigid fidelity—there is no haste here; the bandages are replaced, and away he goes, with loving words, which leave sunshine behind him.

"To this Klinik all who wished his care and service, no matter what their rank or fortune, were obliged to come and take a bed. Half the patients, at least, were so poor that they could not pay the master's fee, and were even unable to defray the charge of their living: this came out of his generous bounty, and they received the same attention as the richest clients. After the visit to every patient, the operations began. Each case had been thoroughly examined and studied by one of his aids, and then by the master himself; so that he knew just what to do, and how to do it. Some days there were as many as sixty persons to be operated upon. Each patient was numbered, and the line was marshaled by the assistants and nurses. One by one they quickly took their places on the table; while, seated in his chair, his instruments at hand, the master proceeded promptly, but gently, to inflict the pain which was to give life-long relief—scores, sometimes hundreds, of students standing by to witness the dextrous manipulation. Scientific method and military system reigned throughout, and yet no exact programme of details bound this man in chains; he kept himself free to meet whatever exigency might arise hour by hour.

"The operations were usually ended by 5 P. M., the hour at which he professed to dine; but his swift horses rarely brought him to his house much before six. At dinner his buoyant spirits would break forth in charming talk, and all kinds of frolic and fun. Long before seven o'clock his anterooms were crowded by patients from all quarters of the earth, waiting for their preliminary examination. These were admitted one by one, each in his turn, to the cabinet, where the master patiently and carefully explored each diseased organ, and kindly, yet honestly, told the sufferer what he had to hope or fear. Thus was he occupied until ten or eleven at night, when the carriage was in waiting to bear him once more swiftly to the Klinik, where he made a minute examination of every patient operated on that day and the day before. In my lonely vigils I used to hear his carriage bearing him away at between one and two in the morning. In addition to this daily round, how he found time for his private studies, and the composition of his voluminous works, is more than I can tell; but time he did find to accomplish, as student and author, what would have made immortality for any other man, and at the same time to achieve such practical feats of skill, energy, and success as would be the full measure for a prodigy. Such was his life at Berlin for ten months a year, from 1850 to 1870, save when interfered with by sickness. On the 1st of August in each year he set out for Switzerland, to refresh himself among the mountains, which were to him as friends and consolers, in whose society he gained new life and inspiration. On the 1st of September he went to Paris, and by the 1st or 2d of October was at home again, exact as the sun-dial. Two months which were meant for recreation could not be released from the importunate hand of suffering. The afflicted from all climes followed to his mountain home, and thronged his temporary *salons* in the French capital. His generous heart could not resist the appeals of the unfortunate; and he held that a holiday in which he was obliged to work only eight or ten hours.

"In 1862 he was married to the Countess Kneuth, a Danish lady of great beauty of person and charm of manner, but still greater beauty and sweetness of character, who thenceforth devoted her life to his comfort and happiness. Such were the depth and strength of her affection for her idolized husband, who breathed his last in her arms, that she survived him but a few months, dying, it is supposed, of a broken heart. There is a story told, I know not with what correctness, that their acquaintance began in his Klinik, where she was a patient. After examining her eyes, he told her that the operation might cost her her beauty. She mildly but firmly requested him to proceed, adding that the beauty was of little consequence.

"Such was his estimate of the value of time, and his delicate sense of responsibility to the crowd of patients who daily waited upon his ministrations, that he could hardly be induced to attend any one, no matter how high the rank, save in his own hospital. The Czarina of Russia, then at Nice, sent an imperial summons for him to wait upon her there. He declined to go, on the ground of injustice to his patients. The Czar was obliged to seek the intercession of King William, the son of Von Graefe's godfather. At his urgent solicitation the professor consented to make the journey, traveling by express. Entering the imperial presence, he made a brief examination of the Czarina's eyes, assured her that the course pursued by her own physician was quite correct, and without an hour's halt set out for Berlin. The Queen-Dowager of Prussia, who is said to have been a peculiar person, insisted that Von Graefe should come to Potsdam. He declined, on the ground that he could not spare the time, and suggested that she should come to the Klinik. This she absolutely refused to do, and King William was obliged to mediate once more. At his request, the professor promised to give the Queen one hour. A royal train was in waiting at the station, which bore him and his attendants with lightning speed to Potsdam, where carriages were ready to carry them to the palace. A lady in waiting informed the professor that her majesty was not yet up, but would receive him in an hour. Pulling out his watch, he answered, 'In forty minutes from this time I will be at my Klinik.' The Queen made her appearance in five minutes; the operation was performed; he returned to his hospital, and had ten minutes to spare. Thus must royalty sometimes bow to genius. Covetous of time, he was in all things else bountiful as the day. Although the revenue drawn from his private clientage was princely, notwithstanding the price for operations and treatment was fixed and very moderate, it was absorbed by his benefactions to those sufferers who were unable to pay, and to whom he gave bed and board, as well as light. While simple in his tastes, and inexpensive in his personal habits, so munificent were his charities that not only was his professional income spent, but his private fortune trenched upon. Affliction and poverty never appealed to him in vain; and even time, which he hoarded as a miser hoards gold, he used as a steward for mankind.

"Stricken down by disease, for days he hovered on the brink of death. When my own health became better I went to take my leave of him. It was in the evening, at his own house. I found him wasted to a shadow, his hand feverish and almost transparent, his breathing short and labored, and appearing so far exhausted that he could not last twenty-four hours longer. Very sweet and full of grace it

was to sit once more in the radiant atmosphere of that man's presence, and hear the high soul, almost disembodied, use the words of our mortal speech. On the morrow he was to leave for Italy, I for Paris. I felt as if letting go the hand of one passing behind the veil of eternity. Softly we said good-by, and never met again. Such was the man's wonderful hold on life, and the reinforcing power of his will, that in the balmy air of Italy he gained a new lease of existence, and came back to Berlin with the birds and the fine weather. For another year, and more, the shrunken skeleton daily walked the wards of his Klinik, and the day before his death he performed ten operations. In the last months of his life he composed and published a magnificent and exhaustive treatise on glaucoma, that fearful disease of the eye which he was the first to explore and cure. This work was the song of the swan. Writing to Warlmont, at Brussels, in January of this year, he said, referring to a literary task, 'Try to send me proofs easy to revise, because I feel myself sick; and when I work more than ten hours a day I feel it deeply.' A very little while before his death, writing to Donders, at Utrecht, he said, 'I am growing worse. Let us not speak of my health now; every hour that begins seems to be my last.'

"Notwithstanding his languishing, nay, dying condition, the sublime dedication of himself to the relief of human suffering and the energy of his inflexible will held him up to the use of the knife and the pen until the very last. Possessed of an indomitable and devouring zeal, he ended by being devoured himself. The end came on the 20th of July, 1870. 'Draw the curtains,' he exclaimed at the supreme moment, 'and let me look upon the sun once more,' and died with the calm of the sage and the peace of the Christian. Brief as had been his career, the measure of his greatness and his fame was full. Most of the medical and scientific societies of the world had chosen him an honorary member; and many sovereigns had conferred upon him their decorations, among others the Czar of Russia, the 'Grand Cordon of the order of St. Stanislaus;' the men of his own profession throughout the world held him as their prince or master. He advanced the knowledge of the eye and of its proper treatment under the manifold grevious ills to which it is subject, from the obscurity in which it had rested from the foundation of the world to the light and certainty of a comprehensive science, while the blessings of tens of thousands who were ready to perish were after all his highest meed of honor. When one reflects that Albrecht von Graefe passed from earth at a little more than forty-two years of age, and that his scientific and practical career lasted scarcely twenty years, his manifold and mighty works create an astonishment which beggars words. When Graefe breathed his last, Europe trembled under the tread of embattled hosts. Father William was going forth at the head of his armies to engage in the death-grapple with his French adversary. The flower of Germany was with him, and many a man on either side of the fray showed himself a hero, but not one of them exhibited higher qualities, or deserves a more lasting and illustrious commemoration, than he who was looking on the sun for the last time when the armed strife began. Half the population of Berlin escorted his coffin to the tomb, and buried it under roses and palms. The poor wept because their benefactor was gone, and the great felt in grief that the brightest and most beneficent light of modern science was quenched."

THE POSSIBLE EXISTENCE OF LIQUID SOLAR ENVELOPE.—At the recent meeting of the American Science Association in Portland, Prof. Charles A. Young, whose name is so well known in spectroscopical science, read a paper which excited great general interest, on the possible existence of liquid solar envelope. It is the opinion of astronomers of the present day that the substance of the sun is largely metallic. But it is also shown that the specific gravity of the sun is only one and a quarter, water being taken as one. The only mode of harmonizing these two facts is by the supposition that the metallic matter of the sun chiefly exists in a gaseous condition. There are also many corroborative indications that such is the case. The existence of the well-known *sun-spots*, which appear and disappear so suddenly, and also the frequent volcano-like eruptions which take place on so gigantic a scale, rising sometimes to a height of 200,000 miles, leave no doubt concerning the existence not only of superficial disturbances, but also others of still vaster violence. As these vast masses of gas are projected from the central to the exterior portions of the sun, they must suffer great diminutions of temperature. This refrigeration probably extends to liquefaction, so that we may suppose these gaseous masses condensing precisely as watery vapor condenses when it rises into the colder regions of the upper air. We would then have the phenomenon of a solar metallic rain. The descent of this rain would be checked as it approached the centre of the sun, and would then accumulate as a liquid layer or envelope, receiving fresh accessions from above, and wasting by rapid evaporation on the inner and more heated surface. Thus large quantities of vapor would be constantly forming in the interior of this liquid shell, and would escape from time to time explosively, when the tension became sufficient to rupture the envelope. Indeed, the sun is probably only a gigantic bubble, bursting and reforming itself continually. Prof. Young is inclined to think it probable that the condensation of the ejected gaseous matter may possibly extend beyond liquefaction—that it may even be reduced to the solid condition, and that the sun may have within its chromosphere and its photosphere, its storms of metallic snow.

CHLORAL AS AN APPLICATION IN FETID ULCER.—MM. Dujardin-Beaumetz, at a recent meeting of the Paris Medical Hospital Society, communicated his experience of the use of Chloral Hydrate in the treatment of ulcers. He narrates several experiments to show that fermentative substances, such as albumen, muscle, urine, milk, &c., may have fermentation entirely prevented by placing them in a solution of chloral, $\frac{1}{100}$ being sufficient to arrest the lactic fermentation of milk. He has applied it to ulcers, gangrenous wounds and wounds of a bad character of the strength of $\frac{1}{50}$ to $\frac{1}{100}$ with very excellent results. As it prevents decomposition, it may render great service in affections of the urinary organs.

THE CHAIR OF PHYSIOLOGY AT EDINBURGH is likely to be soon vacant by the resignation of Prof. Hughes Bennett, from ill health.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."* Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

MEDICAL EDUCATION.

IN our opinion, a great deal of the talk of elevating the standard of medical education which is now so popular in all schools is, in political language, "buncomb." Talk is easy; performance is a more difficult matter. Every college professes to hold out some superior advantages either in the ability of its teachers, the thoroughness and completeness of its course of studies, or in the variety and extent of its clinical advantages. That institution which furnishes the best practical teaching, which is the most thorough in its course of instruction and best fits the student for the arduous duties of his profession, and which most fully meets the wants of the times, will sooner or later, no matter what the school, homœopathic or allopathic, take the highest rank in the scientific world and carry off the palm of success. It is perfectly idle to talk about the duty of supporting one school in preference to another. This question resolves itself into a matter of business, and as a matter of self-interest students sooner or later will flock to those places where they can get the best clinical advantages and the most complete and thorough instruction in that profession from which they hope not only to gain their daily bread, but wealth and fame. If you wish to attract students to your colleges, do so, not by pompous announcements and promises, made only to be broken; not by urging upon the profession the duty of patronizing schools of their own faith, but by making them so complete, so thorough, that your students, in point of medical knowledge, will stand foremost in that profession which is ever advancing.

We are reaching a time in our profession when even licensed stupidity will be treated with the contempt it deserves, and when a man, to insure permanent success, must possess something more than a mere smattering of knowledge gained from a few months' or years' careless study. When he steps out upon the great battle-ground he will find many a fine-spun theory will be swept away before the sturdy blows of hard facts. He must not only possess practical knowledge, but know how to apply it with that coolness and precision which the exigencies of the case may require.

The people do not care for theories, they want facts and results, and will select as their physician the man they deem the most skillful in relieving pain and arresting the progress of disease, no matter what his medical or theological faith. The advancements of science are such that the laggard or drone who cannot, or will not, keep pace with the onward march soon finds himself in the background. It is with the physician a matter of self-interest, a matter of position, and wealth, and comfort to keep up with the tide, to stand ever in the front rank of his profession, and avail himself freely of the rich stores of facts gathered during the ages by careful workers in every department of medical science from every part of the world.

Legislate as much as you choose, pass as many laws as you please to elevate the standard of medical education, make, if you like, the approach to a degree through a long lane of Greek and Latin, and German roots, dry and sapless, and musty with age, breathing the decay of the vault, and what have you gained? This question of medical education, like every other business question, will regulate itself. The student will be forced into higher scientific attainments, into more practical studies by the demands of the age. The tremendous strides which are every year being made in every department of the great world of science force him, if he would hold up his head among his brethren, to sweep on with the tide. Only let him get his instruction where and in what way he can secure it the best, with the assurance that the highest educational authority in the State will testify, under the broad seal of the State, to his educational qualifications if he can pass an examination before its chosen officers, and you will find him ready and willing to do his part. Medical colleges in this country are simply associations of physicians for the purpose of teaching, the faculties self-constituted, or brought together by a little wire-pulling and skillful manipulation. Some of the members of the faculty may be men of thorough scientific attainment and great tact and skill in grouping together facts and impressing them upon the minds of others, while others in the same faculty may be much better qualified to play the

part of clown in some traveling circus, or be so dull and unpractical as not to be able, from their own merits, to draw a dozen students; and yet they all form a part of the same faculty and all must be listened to with respectful attention, because they are all to sit in judgment upon the students at last.

The important question is now being discussed in many a physician's office and in many a home—a question all important to the student and in which the preceptor feels a grave responsibility—with what institution shall the student connect himself the coming winter, where he will receive the most thorough instruction and be best fitted for the duties of a profession which looms up so grandly before him and to which his whole future life is to be devoted. And so, different colleges are discussed and their faculties and machinery of instruction carefully analyzed. In each of three or four colleges in a single city there may be one or two men of such marked ability that the student feels it all-important to enjoy their instructions, while the others in the same institution are of inferior ability. And so he selects the one, perhaps, in which there is the least dead wood, and goes on with his studies, mourning that he is debarred from instruction so much desired, by the foolish and unwise legislative requirements that he must take all the tickets and attend a full course of lectures in the institution in which he receives his degree.

We are rejoiced that by a recent act of the legislature this great obstacle to medical progress is removed, and now the student can pick out his own teachers, availing himself of the ripest experience in the profession and obtain his degree, if he desires one, from the highest educational authority in the State. He is not now confined to the lecture-rooms of a single college or the instruction of a single office. Colleges will find if they wish to fill their lecture rooms, every chair must be filled with distinguished ability, and the machinery of teaching made as complete as possible. In opening the door to a broader and more liberal instruction, there is danger that much of the good which a State Board of Examiners might produce, if rightly constituted, may be prevented by the construction of the Board itself. The Board, to have any weight, should be made up from the ablest men in the various departments of our profession; otherwise, it becomes the broadest farce and sinks below the level of contempt. If the student is to encounter mediocrity he will pefer meeting it in college faculties to encountering it allied with stupidity in State Boards. Properly constituted, the awards of the Board would be a prize to stimulate ambition. We have said self-interest will prompt a man to obtain as thorough a knowledge of his profession as possible. Does he not, however, sometimes forget in his eager striving after fame and wealth that his profession is not a mere trade, but something high and holy, which takes hold of the higher and nobler qualities of his nature, the very spirit of which should cause him to shun a mean act or a lying and slanderous word, as he would the breath of the pestilence. The true physician is above the selfish and miserable tricks of trade, and cherishes the honor, the integrity, the intelligence of his profession as he would the purity of his soul.

ELEGANT EXTRACTS.

FROM a recent number of a New-York medical journal, we copy the following elegant and eloquent extracts:

"Especially does it delight us to take up an essay by one who rejoices in the vocation and titular dignity of an M. D., and who rears his head above the daily harassments of the one, and the class prejudices of the other, and gazes with undimmed vision into the empyrean of the *prima philosophia* of classic writers too much contemptuously spurned in this age as misty metaphysics."

Eloquent and Addisonian as is the above passage, it is only the prelude to what follows. "The tendency of the profession to speculate over the wonders of the animal economy, and to develop jejune theories out of imperfect inductions, or cardinal ignorance of its intricate details, is a part of the history of medicine from the mythic teachings of Æsculapias to the present hour. Hoffman, in the seventeenth century, was not wholly able to break the shackles of the Cartesian philosophy. Haller caught the spirit of Newton's resolution of planetary motion into that of centripetal and centrifugal force, and propounded the *vis insita* and the *vis nervosa* that he might stand out a dualist. At the very time we write, Maudsley's discussions on mind and body separate him from the dualistic school, make intellect a function of the brain, and posit his system into monism."

Precisely so. The statement is undeniable. Strange as it may seem, this is undoubtedly the tendency of the medical profession, and we cannot deny, now the fact is so clearly stated, that Maudsley's train of reasoning does separate him from the dualistic school, and *posit* his system into *monism*.

TRANSFUSION.—Lately, at the Children's Hospital, Great Ormond Street, Mr. Warrington Harvard resorted to transfusion, in the case of a child who was moribund from purpuric hemorrhage. Eleven ounces of blood, defibrinated with an "egg wisp," and strained through a hair seive, were introduced; the effect being to revive the child, who, for a time, became conscious, complaining of headache. After the lapse of a few hours, however, she again became pulseless, and sank. The post-mortem examination revealed no evidence of embolism.

Transactions of Societies.

SEMI-ANNUAL MEETING OF THE STATE HOMŒOPATHIC MEDICAL SOCIETY

AT BROOKLYN, SEPTEMBER 9.

THE morning session of the Semi-annual Convention of the New York State Homœopathic Medical Society was held in the Common Council Chamber. Delegations were present from various parts of the State, while Brooklyn, of course, was well represented in the Convention, not only members of the society being in attendance, but many friends of the principles enunciated by the great Hahnemann. Several ladies were noticed among the number.

Dr. E. D. Jones, the President of the society, called the Convention to order.

MAYOR POWELL'S WELCOME.

His Honor Mayor Powell, shortly after entered the room and tendered words of welcome to the gathered representatives of Homœopathy. He was introduced by the President. Mayor Powell said that he felt a pleasure in welcoming them to the City of Brooklyn. Their profession was a noble and honorable one, and he was glad to see that their efforts had been in a large degree successful. He congratulated the society upon its progress, and after thanking them for the distinguished honor done the city by their presence, and briefly and cursorily alluding to the wonderful strides made by the homœopathic branch of medicine in the last few years, concluded his address.

Dr. Jones then proceeded to read a very able and comprehensive address upon the subject of homœopathy in its various ramifications, concluding with an encouraging peroration upon the future of the society, and withdrawing amid applause.

The President thanked the Mayor for the welcome tendered.

THE PRESIDENT'S WELCOME.

He then read an address of welcome to those present. Since the organization of the society, he said, it had been customary to convene semi-annually, and the lively and increasing interest taken in them augurs well for the future. We live in an age at once scientific and practical in its character. Sciences are generally simultaneous in their advance, and their onward march in this century is no exception to the rule. He spoke of the relation of science to medicine, claiming that homœopathy was founded on scientific principles. He alluded to the growth of homœopathy despite the sneers and efforts directed against it, and then spoke of the proper method of enhancing its value in the community. "Let us remember," said he, "our great responsibility to the profession, and that to our exertions its success depends."

The address was warmly applauded.

SECRETARY'S REPORT.

The Secretary, F. L. Vincent, M. D., then read the usual semi-annual report. He stated that in 1871 the Treasurer made a full report to the State Society, exhibiting a debt of $441.83, and $12.75 assets, which exhibit remains to this day. He suggested a plan for soliciting contributions, which he thought would place the society on a fair financial basis. At present the society was in debt $383.18.

It was suggested by one of the gentlemen that this debt be wiped out at once, and in accordance with this, several contributions were handed in.

The President thought it would expedite business by appointing a committee to decide what papers should be read before the society. Drs. Fisk, Styles and Whitney were appointed as such committee.

It was moved and adopted that others besides members of the society be invited to read papers on topics of interest.

MEDICAL EDUCATION.

Dr. Gray, of New York, then read an elaborate paper on "Medical Education." He described at length the system of medical education which has been adopted in the homœopathic universities of the State. The Bureau of Education were in favor of the practical instruction of students by thoroughly competent teachers. They did not believe in "cramming" the student's brains with that which they could not hold, but giving them that practical, living instruction which must be beneficial to them. He referred to the method of examining students and read the regulations of the Board of Regents in this respect. The profession thus have, he said, fine and liberal examinations without which students and teachers must be deficient in their work. He suggested in conclusion that prizes of merit be awarded to those students who attain the highest honors.

On motion the report was accepted.

Dr. Gray suggested that a vote of thanks be tendered to the Regents of the University for the pains they have taken to carry out the objects of this society.

He then made this motion, which was adopted:

Resolved, That the thanks of the Homœopathic State Medical Society be tendered to the Board of Regents of the University for the pains they have taken to establish the rules and regulations of the law of 1872, asked for by this society.

EMOTIONAL INSANITY.

Samuel Worcester, M. D., presented a paper on "Emotional Insanity," which was read by Dr. Styles, beginning in saying there was no disease of so great importance which is so little understood as insanity. He followed with quotations from authorities on the subject, and then advanced some of his own views. It seemed to him that in studying insanity we should apply the same principles that guide us in other diseases of the brain. Insanity is a moral and physical disease, the latter being more frequent. What then is the test by which insanity may be recognized? Sir John Nicholls calls insanity a delusion, and says that he looks upon insanity and delusion as almost if not quite convertible terms. Manger divides insanity, first, in a depression and gloom with accompanying feelings of distrust and weariness of life, the other exhibiting itself by preternatural excitement and the prevalence of angry and malicious feelings, the latter case being most frequently met with in our courts. He (Dr. Worcester) in his experience had met with many cases of illusion, the

most of them evident, but there were others in which there were no illusions, the latter being characterized by the temporary absence of the moral sense, and which can be traced to the sudden paroxysms, rush of blood, loss of appetite, absence of mind and similar causes. Also, upon investigation, it has been found that such persons are subject to strong hereditary tendencies.

On motion, the paper was accepted, and the thanks of the Society tendered to the writer.

A HOMŒOPATHIC INSANE ASYLUM.

Dr. Styles spoke on the Homœopathic Insane Asylum of Middletown, of which he is the Superintendent. Last June it was an unfinished building, and there was a good deal of demoralization about it at that time. Within the past few months progress has been made toward the completion of the first building. They have now a building of 175 feet long, four stories high. Yesterday they commenced a new building 195 feet long and three stories high. The new building, when completed, will accommodate from 90 to 115, possibly more if crowded, which, however, he does not believe in. They had there an elegantly located farm of 250 acres, and received their water from the reservoir of Middletown. The building will be lit by gas manufactured on the premises. He extended an invitation to members of the Society to visit the institution. He would submit the architectural plans of the building this afternoon.

The speaker being called upon for his specific view as to the treatment pursued in Belgium and other parts of Europe, pleaded that the exact system suggested was rather beyond the limit of his experience thus far; but he elicited approval by the declaration that when such instances shall present themselves for his treatment, with the best lights before him, he will exert his talent for their care, and submit the result to the opinions of his co-laborers.

Dr. Gray moved that Dr. Styles be appointed a committee of one for the purpose of disintegrating the able document on insanity by Dr. Worcester, in so far as to present the subject in its separate parts for discussion, which was unanimously carried.

Dr. W. H. Watson presented the following as having been passed by the Homœopathic Society of Cleveland, Ohio, supplementing the resolution by somewhat lengthy and patriotic remarks, advocating the claims of homœopathy by reason of its marvelous growth and its widespread influences, and protesting against many of the assumptions of the allopathic branch of medicine:

Resolved, That homœopathists everywhere should strenuously insist upon the non-violation of the great fundamental American principle of "no taxation without representation" by sectarian monopoly, either of national, state, county, or city institutions supported by legal assessments, or of those private eleemosynary institutions which derive their support from individual contributions.

The resolution was seconded by Dr. A. E. Sumner, of Brooklyn, who spoke of some of the abuses sought to be eradicated by the resolution, denounced the proscription of homœopathists from service in the Police Department, and inveighed against the allopathic monopoly of all the municipal institutions of Brooklyn.

Dr. Watson urged the adoption of the resolution, saying that the homœopaths had now become such a large body that they should be treated with exact and impartial justice, and not be pushed aside by the allopaths. It seemed to him that it was their duty at this time to create a public sentiment. It is an old saying that "whom the gods would destroy they first make mad," and this was the condition of the allopaths to-day. There was no better opportunity than the present for the homœopathists to take a stand.

Dr. Sumner, of Brooklyn, said that he took a peculiar pleasure in seconding the resolution. This is the day of reform; it has touched every department in the city with the exception of the Police and Health, and the homœopathists must now come out as reformers. They are rapidly growing in this city and have the countenance of many of the prominent citizens. There is not a department in this city government but what is under the control of homœopathic patients. But we are not united, and the result is to-day we are not fairly represented. The Health Department is run exclusively by the allopaths, and in speaking to one of the officials there, as to when homœopathy would be admitted, into the department, he replied: "Never." Neither is there a homœopathic surgeon on the police, though many of the force have exercised a wish for homœopathic treatment.

The resolution was then put to a vote and unanimously adopted.

THE HOMŒOPATHIC INSTITUTIONS IN THE STATE.

The Secretary read a report on homœopathic societies throughout the State, which showed:

Hospitals	11
Insane Asylums	1
Dispensaries	16
Colleges	4
County Medical Societies	34

The report was accepted.

A committee was appointed to draft resolutions on the death of Dr. Simeon Cook.

The morning session was then declared adjourned, and the members of the Society attended a reception and collation at the hospital in Columbia street.

AFTERNOON SESSION.

Pursuant to their programme, the homœopaths adjourned to the excellently appointed and efficiently officered Homœopathic Hospital, in Cumberland street, near Myrtle avenue, and after partaking of a sumptuous collation, resumed the thread of their official labors, the proceedings of which will appear below.

An inspection was held throughout, and the institution, though among the youngest, is certainly one of the most cheerful and homelike of its department in the economy of medical science. Its broad and imposing front and rear abutting upon areas of refreshing turf, it is at once suggestive of airiness and healthfulness.

Upon the first, or, rather basement floor, is located a dispensary. This floor is further devoted to the culinary and other needful attachments of the establishment. Upon the second floor are spacious apartments for reception, pharmacy and the male surgical ward, which latter opens upon a spacious and airy piazza, extending the width of the building.

In this ward are twelve beds, so widely separated as to make the area of cubic atmosphere most ample. The remainder of the hospital, excepting a few rooms not yet brought into requisition, is occupied by a male medical ward, female surgical and female medical wards, an amputating room, and the apartments of the officers, nurses and attendants in charge, the whole comprehending a most conscientious and humane provision for the alleviation of the sick. In surgical operations the patient is admitted at the Carlton avenue entrance, wheeled up the circuitous pathway of the sward to the rear of the hospital, lifted upon a bed, which is removed to an adjacent elevator, and, without further removal, he or she is deposited in the ward assigned to the sex.

Admission to the hospital is assured to patients through the recommendation of a physician indorsed by the alderman of the ward in which the applicant is a resident. The Maternity in Concord street precludes the necessity of patients of its description being received in the gratuitous departments of the hospital; but they are accepted in the private or pay apartments. And it is in these latter that the Homœopathic Hospital evinces its beneficent provision and care. There are six commodious rooms, rivaling in airiness, fixtures, furniture and convenience the pretensions of many metropolitan hotels, which are set apart for private patients of both sexes. These rooms are probably twenty-five by fifteen feet, several of them, and are warmed, and have hot and cold water. The entrance to these rooms is rigidly private. Attached to them exclusively are closets and a bath room. Patients are here received, nursed and tended at all hours of the day and night, fed according to the requirements of their condition, and in convalescence sumptuously kept, their washing thoroughly attended to by expert laundresses, and every care unstintingly and promptly vouchsafed at a remuneration of $20 per week, or less than that exacted at hotels. In this arrangement for pay patients, the hospital indulges in a very laudable pride, and will doubtless meet with merited popularity.

In the several gratuitous wards the hospital now contains twenty-nine patients. An additional ward is designed, and an accession of beds to the number of seventy-five.

The interest of the convention seemed to culminate in the session of the afternoon, the invigoration of a warm and bounteous feast having toned up the homœopaths to a degree of enthusiasm compared with which their proceedings of the forenoon were but cold and desultory. Apart from the copious contributions of scientific documents, and the incident ability of discussion that followed the numerous subjects treated, there were occasional sparkles of humor. So that the interest swayed between the erudite dissertation and the dazzle of wit with an even balance that wore out the long session in an intent continuity of attention, and concluded in an exuberance of satisfaction.

The following were the papers presented and read, and by whom, synopses of several of which appear elsewhere:

Dr. Vincent, the Secretary, read a necrological report, written by Dr. B. F. Cornell, of Fort Edward, in relation to the life and services of Dr. Edgar B. Cole, deceased, of Waterford. It was referred to the Committee on Publication. Also ordered to be placed upon the records of the Society.

Dr. Helmuth, of New York, read an able and instructive article on the subject of Plastic Surgery. This article elicited discussion in which Drs. Wright, Lord, Brown, Merrell and Lilienthal participated.

Dr. Lilienthal introduced Dr. Wm. Eggert, of Indianapolis, Indiana, who was cordially greeted by the President and invited to participate in the discussions of the meeting.

Dr. Houghton, of the Ophthalmic Hospital of New York, invited the members of the Society to visit that institution, and gave a hasty sketch as to its capacity to accommodate patients, its workings, &c., stating that the institution would be able, when completed, to accommodate some 2,400 patients. He then presented to the Society a treatise on the subject of "Aural Diseases of Children," giving the history of several cases which had come under his observation in the course of his practice. This essay elicited remarks from Dr. Searles and others, which were very interesting, many cases being referred to by them.

Dr. Lilienthal, of New York, read an exhaustive essay, entitled "Differential Indication of Remedies in Pneumonia on a Physiological Basis," giving many illustrations in the course of his readings.

Dr. Brown, of Birmingham, made some remarks upon the subject of the distinctive difference between moral sanity and insanity. In the course of his remarks he made an earnest appeal for temperance, and vigorously assailed the use of tobacco in any shape. Dr. L. S. P. Lord, of Brooklyn, who is a man of advanced years, and whose words should have weight, indorsed the remarks of Dr. Brown, and added an earnest, unanswerable argument in furtherance of the cause of temperance.

Dr. Searles, chairman of the committee appointed to draft suitable resolutions relative to the death of Dr. Simeon A. Cook, of Troy, made the following report:

The Homœopathic Medical Society of the State of New York having heard of the death of Dr. Simeon A. Cook, of Troy, one of its former Vice-Presidents and active members, desires to record its appreciation of his rare talents, his earnest, useful, and in the highest sense, successful life, as well as its deep regret at his loss, and heartfelt sympathy with the surviving relations.

The report was received and ordered to be placed upon the minutes of the Society.

The Society then adjourned to meet at the Maternity, in Washington street, where they were hospitably received and entertained by the lady managers, Dr. Sumner, of Brooklyn, tendering the hospitalities in their behalf to the President, who responded in a brief speech.

The session of the evening was a sample of Esculapian *abandon*, marked by the absence of wine. The Hon. W. W. Goodrich presided at the prandial board, and enlivened the banquet by occasional remarks. Prominent among the speakers were Drs. E. D. Jones, H. D. Paine, H. C. Houghton and others. The occasion seemed to symbolize an exceeding good fellowship among the individuals of the society.

The convention was brought to a termination a little after nine o'clock by two several presentations of fraternal testimonials of esteem, the latter of which contained the additional charm of a complete surprise. The ex-Recording Secretary of the society was presented with a handsome watch and

chain, which he reciprocally receipted for by donating to the instrument of the first presentation a magnificent wallet. The recipient of the watch was Dr. H. M. Paine, which was tendered on behalf of the society by Dr. W. H. Watson, of Utica. Dr. Watson prefaced the presentation with remarks that were singularly well-chosen and flattering to the donee, while narrating many of the obstacles offered to the homœopathic school of practice, and recounting incidents of the long and tenacious battle waged by a profession having the buffets of prejudice and the blazonry of power to overcome.

Dr. Paine responded for himself, indicating some of the achievements of homœopathy, and dwelling at length upon the stupendous efforts still to be made ere the field should be clearly theirs.

The speakers elicited applause, and at the conclusion of the affair, the Homœopathic Society of the State of New York, with mutual acknowledgments of consideration and esteem, adjourned until their annual meeting at Albany, on the second Tuesday in February, 1874.

The following are the Executive Board for the year:

E. Darwin Jones, M. D.; J. Ralsey White, M. D.; F. L. Vincent, M. D.; N. Hunting, M. D.; W. Todd Helmuth, M. D.; B. F. Cornell, M. D.; A. P. Throop, M. D.; H. M. Smith, M. D.; L. B. Waldo, M. D.; J. F. Gray, M. D.; D. F. Bishop, M. D.; R. E. Miller, M. D.; L. M. Pratt, M. D.; S. Lilienthal, M. D.; W. S. Searle, M. D.; H. D. Paine, M. D.; H. C. Houghton, M. D.; A. E. Sumner, M. D.; E. M. Kellogg, M. D.; H. M. Paine, M. D.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

A REGULAR meeting was held at the N. Y. Ophthalmic Hospital, Sept. 10th, the Vice-President, Dr. Blakelock, in the chair, and Dr. Minor as Secretary, *pro tem.*

Dr. Vincent, of Troy, was invited to participate in the proceedings. The reading of the minutes in the absence of the Secretary was omitted. Dr. A. T. Shuman was elected a member of the Society.

The report of the Bureau of Obstetrics was presented; Dr. J. H. Thompson communicated a case of pseudo-pregnancy which occurred in the practice of Dr. L. T. Warner. [This case, in full, will be found in the columns of this number of our journal.]

Dr. Paine said cases of this nature may be classed under two heads; the first variety embracing those which present objective symptoms, as in Dr. Warner's case; and the second, those where the symptoms are only subjective, that is, exist only in the patient's mind, and amounting, in fact, to a perfect mania.

One case occurs to me, where every three years the lady would spend her time and money in preparing for her confinement. She lived and died childless. In other cases, the most acute observers are unable to make out a correct diagnosis. The last one under my observation was complicated with dropsy; and the pregnancy, which in this case was *actual*, was not discovered until within five weeks of confinement. I was one of several physicians who examined a case of phantom tumor in which all the appearances of pregnancy existed, and it was not until we had examined the woman under an anæsthetic that we could arrive at an accurate diagnosis.

Dr. Goodwin said, "I believe there is but one sign of pregnancy that never fails, and that is the beating of the fœtal heart. Oftentimes physicians are misled, and grave mistakes are made. Some ten years ago, a lady in Boston was assured that she was not pregnant up to within two days of her confinement."

Dr. McMurray related a remarkable case which occurred in the practice of Dr. Bassett. A lady married at twenty-two, and pregnant for the first time at thirty-four, was under his careful observation. All the symptoms of pregnancy were present, and the course was regular; at the expiration of the nine months of gestation labor commenced. It was rather long and tedious, and the os dilated but slowly. While examining, the membranes were ruptured, and the tumor suddenly disappeared with the gush of the waters. The birth was a perfectly formed embryo which measured only three-fourths of an inch in length. Dr. McMurray exhibited the specimen (which was preserved in a two-drachm vial) to the Society. The embryo showed the indications of the eyes and the nostrils, the thoracic extremities were represented by nipple-like projections, and the abdominal members were present as small pimples. The urinary bladder could be seen as a tumor which was continuous with the urachus, and the general appearances indicated it to be an embryo of six or seven weeks.

The doctor said the case was interesting as showing how long a dead fœtus may be retained within the uterus. It was an important one, as its history does not support the theory that the maturity of the fœtus is one of the causes of labor. It was also interesting in a medico-legal point of view, for if the husband had died in the early months of her pregnancy, who would have believed this to have been other than an embryonic abortion?

Dr. McMurray also read a paper upon the advisability of the use of the forceps. He spoke at length on the necessities for their use, the time at which they should be applied, and of the injuries often produced by them. The doctor took occasion to differ with many authorities as to the indications for their use, deducing his theories from the histories of cases occurring under his own observation.

Dr. Vincent was called on by Dr. Paine, and spoke warmly in behalf of the State Society. He told of the obloquy of the pioneer homœopaths, of their early struggles, and the battling for the recognizance of their societies, and of the victories which have crowned their efforts. He pointed out the power and influence of the New York State Society throughout the Union. He appealed to our County Society to choose prominent, active working men as delegates, that homœopathy might be advanced and its principles upheld and promulgated. The doctor spoke further at some length and was loudly applauded.

NEW ANTIDYSENTERIC.—In the Vienna exhibition are shown specimens of an antidysenteric extract prepared from the pods of the *Manyastus*, a well known plant in the East Indies. It has been found useful, not only in dysentery and chronic diarrhœa, but in catarrhal disorders of the uterus, bladder and urethra.

Reviews of Books.

CLEAVES' BIOGRAPHICAL CYCLOPŒDIA OF HOMŒOPATHIC PHYSICIANS AND SURGEONS. Philadelphia: GALAXY PUBLISHING CO., 1873.

THE above work comes to us in the form of a handsome quarto, of five hundred pages, and, so far as type, paper and binding are concerned, is an elegant specimen of book-making. As most of the biographies have been written by the physicians themselves, the labors of the editor have been confined mostly to literary revision. The work is full of typographical errors; Dr. Jacob Beakley being spoken of as James Beakley, A. Gerald Hull as Dr. Hall, Dr. Baner as Dr. Bauer, Jahr's Manual as Jahn's Manual. Similar errors are found on almost every page, showing very careless proof-reading; but as the work circulates almost entirely among the physicians themselves, the errors are matters of but little importance.

We had no idea there were so many great and really brilliant men in our school. As we turn over the pages and there pass before our eyes the splendid galaxy of talent in which our profession is linked with the great and good in all the past—celebrated divines, men of science, heroes of war and heroes of peace—our wonder is, not that our school has accomplished so much, but that instead of moving on so grandly in its triumphant path, it has not already conquered the medical world, and is now dictating terms to the vanquished.

As we turn over page after page and read the record of great deeds, of splendid works done for science and humanity, of the maiden sword, flashing in the light of transcendent genius, and we catch the sight of elegant country-seats embowered among shady trees, where the fluttering leaves fan away care from the tired and aching brow, we say, surely, merit is not without its reward, even in this world. We read on, our brain reeling and our eye dazzled by the glittering array, until at length there flashes before us a royal form in whose veins flows the blood of the Guelphs, and before his kingly looks we throw down our pen and fold our mantle about our face, thrilled with the thought that, but for the numerous progeny of Victoria, a Homœopathic physician might sit on the throne of England.

OPHIDIANS. By S. B. HIGGINS. New York: BŒRICKE & TAFFEL.

THE author divides snake poisons into two classes, each with a distinct type of action. The cobra poison when introduced into the blood causing it to coagulate firmly in a very short time, and the rattlesnake poison which causes the blood to remain permanently diffluent, are illustrations of the separate types of action. All known snake poisons, he says, belong to one or the other of these two classes; and most of them, to the rattlesnake class. The cobra venom, he thinks, attacks the corpuscles of the blood, while the rattlesnake venom attacks the plasma. Dr. Higgins believes that the antidote to the ophidian venom is in the gall of the reptile itself, and brings many facts to support his theory. To men of our profession the work is one of exceeding interest, and will be found to contain scientific facts and general information of rare value.

EIGHTEENTH ANNUAL REPORT OF THE BOND STREET HOMŒOPATHIC DISPENSARY; OTTO FULLGRAFF, M. D., Founder and Manager.

ACCORDING to its tabulated statement, there have been treated in this institution since 1856, when it was founded, 287,661 patients, and 617,626 prescriptions have been dispensed. Within the past few years, while no class of diseases have been neglected, special attention has been directed to the treatment of *nasal catarrh* and *throat diseases*. The very beautiful instruments recently brought into use, by means of which medicated spray may be brought in contact with every part of the throat, larynx and nasal passage, have very much, in skillful hands, simplified the treatment of these otherwise obstinate and sometimes incurable diseases. Dr. Füllgraff's long and successful experience in the treatment of this class of troubles, has enabled him to place in his dispensary not only the best instruments in general use, but to add materially to the completeness of the list by important improvements and inventions of his own.

MECHANISM OF THE OSSICLES OF THE EAR. By H. HELMHOLTZ, Professor of Physiology in the University of Berlin, Prussia. Translated by ALBERT H. BUCK and NORMAND SMITH, of New York. WM. WOOD & CO., 1873.

THIS book is a short and clear essay upon the physiology of the reception and transmission of sounds to the auditory nerves and central organs of perception. It is written in a concise and terse style, and all of the theories which are advanced are deductions carefully drawn from the mathematical and philosophical laws which govern all bodies. The author opens his subject with a chapter on the results due to the small dimensions of the auditory apparatus. He says: "The most important step in advance made by Edward Weber in the theory of the transmission of sound in the ear seems to me to be the view that, in the transmission of sound-vibrations, the bones of the ear and the petrous portion of the temporal bone are to be considered as solid, incompressible bodies, and the fluid of the labyrinth as an incompressible fluid. He rightly declares that in the case of these bodies and fluids there can be no question as to the transmission of waves of condensation and rarefaction, but that the bones of the ear must be considered as solid levers, and the fluid of the labyrinth as a mass only to be moved as a whole."

Taking the above as a theorem, he proves it by explaining the laws respecting the form and mode of vibrations of waves of sounds, their length, and the conditions of displacements of the ultimate particles of the vibrating body. He says "that we are to conclude that in the vibrations of the auditory apparatus of the bones of the ear and of the petrous bone, caused by the tones ordinarily appreciable by the ear, the particles of each of these small masses undergo displacements among one another which are infinitely small compared with the amplitude of the sound-vibrations producing them; that is to say, that they act very nearly like absolutely solid bodies. And further, as long as the periods of vibration of the tones which the bones of the ear must transmit are very great compared with those of the bones themselves, so long will the latter act, practically, as absolutely solid bodies."

In the next succeeding chapters he makes some remarks upon the anatomy of the ear, before passing on to the mechanism of its apparatus, with a view of giving prominence to a number of small points, which are merely noticed and then passed over, as a rule, by the anatomist, but which gain importance in a more thorough investigation of their physiological bearings.

The chapters on the attachments of the hammer, and of the anvil, are lucidly written, and give very beautiful and clear ideas of the action of these bones.

He illustrates his views with plentiful mathematical demonstrations, and presents a clear and well-defined picture of his subject. The book is well illustrated, and the topic so well handled, that we may reckon the distinguished physiologist among the deepest scientific thinkers of modern times.

REPORT OF COLUMBIA HOSPITAL FOR WOMEN AND LYING-IN ASYLUM, Washington, D. C. By J. HARRY THOMPSON, A. M., M. D., *Surgeon-in-Chief.*

WE are indebted to the *Secretary of the Interior* for this exceedingly valuable and interesting report. It forms a quarto volume of 420 pages, is carefully prepared, and the more important operations illustrated by engravings.

The number of patients treated during the year was 4,576; of these, 3,708 have been cured, 561 relieved, and 21 have died. The surgeon has operated fifty-three times for the cure of lacerated or ruptured perineum, and in each with entire success. In the hands of a skillful surgeon, this operation is one of the simplest and most successful operations in obstetric surgery.

The plan laid down by Baker Brown was followed in some of the important stages, but the operator prefers the plan first suggested by Dr. Van Buren, of paralyzing the sphincter, to that of Baker Brown, who divides the sphincter ani on either side of its coccygeal attachments. The sphincter is paralyzed by introducing the thumbs into the anus, seizing the nates on either side, making gradual traction, until the thumbs touch the tuber ischii. This paralysis remains for two or three weeks, but is never followed by permanent loss of power. In the after-treatment, instead of keeping the bowels constipated, as recommended by Baker Brown, he secures a soft passage every day. He washes out the vagina twice a day, with the following prescription: ℞ Aqua Pura ℥ i ss. Glycerine, ℥ ss. Acidi Carbolici gr. viii. If the parts become odematous, as they are likely to do twelve or eighteen hours after the operation, he makes several punctures with the lancet, liberating the serum, and thereby relieving the tension.

Dr. Thompson's operation or vesico-vaginal and recto-vaginal fistula is the same as practised by all good surgeons at the present day. In vaginal rectocele he differs materially from Dr. Sims, and claims that while Sims' method is hardly ever successful, with his own method he never fails. Dr. Sims takes a thick fold of the hypertrophied membranes, and tries to hold them by the adhesion of one-quarter of an inch of mucous membrane. Dr. Thompson cuts out the whole of the membranes in excess, and unites the edges by the entire thickness of the tissues, making a strong firm cicatrix forming a raphe, which gives increased support to the uterus. The treatment of cystocele is similar to that adopted for the cure of rectocele; the tissue, being removed from the anterior instead of the posterior wall, requires much more careful dissection. Twelve cases are given, all of which were successful.

Fifty-seven cases of prolapsus uteri were treated; about one-third of which were complicated with rectocele and cystocele, and the experience obtained in the treatment of these cases convinced the author, that to effect a radical cure when the cervix is hypertrophied—the enlargement consisting of connective tissue, and irreducible by topical applications—it is necessary to amputate the whole of its vaginal portion, otherwise, the vagina will yield in time to the disproportionate weight and the uterus again escape externally. We are glad to see the author condemns the indiscriminate use of pessaries as not only generally useless, but productive of positive harm.

In dilating the os for explorations and treatment of the inside of the womb, he recommends in all cases where either the sponge or sea tangle tent is used, first to divide the fibres around the internal os. By adopting this plan, he has never had any trouble from their use. Without this precaution, the free use of tents often gives rise to tetanus and severe inflammatory action.

In reference to *carcinoma of the womb* the author says that as the result of a large experience, he is convinced that by judicious treatment, in a large number of cases, the exciting cause can be removed and thus an attack prevented. Cancer rarely if ever attacks the uterus *uninvited.* It comes at the invitation of oft repeated irritations, congestions and inflammations superinduced by violation of the plainest physiological laws.

From a diligent examination of the investigations of others, and a careful analysis of a large number of cases which have come under his own observation, the author is induced to believe—*First:* That cancer is not constitutional in its origin, but the result of a slowly transpiring interstitial inflammation dependent upon local irritation. *Secondly:* That there is no specific cancer-cell, the cells found in the connective tissue-stroma being altered epithelial cells, or the white corpuscles of the blood, their different appearance in different forms of cancer being dependent upon the stage of the disease and the organ in which it is developed. *Thirdly:* That the probability of secondary cancer occurring after the ablation of a primary tumor depends upon the richness of the part in lymphatics, and the stage of the disease.

Frequency of the Disease.—The absence of a proper system of registration in this country precludes the possibility of furnishing reliable statistics of this disease. The entire number of deaths occurring in England, Ireland and Scotland from 1851 to 1871 was 124,740; of these, 31,816 were males and 92,924 females. The death rate from cancer in Paris is largely in excess of London, and deaths from malignant diseases are more common in large cities than in rural districts. If cancer were the result of general blood-poisoning, if a pre-existing cachexia was necessary for its development, we should naturally look for an increased number of cases among the lower classes, who inhabit poorly ventilated houses in unhealthy portions of

large cities, as we find all other blood diseases fearfully increased among that class of population, but the reverse is the case. Persons of lymphatic temperament are much more prone to the disease than those of sanguine or sanguineo-nervous. The weight of evidence, from carefully collected statistics, show, that the disease is not hereditary. In the treatment of this disease we are unfortunate in the majority of cases, on account of the advance it has made before we see it restricted to palliative treatment. An operation for its removal, to be successful, must be performed early, before the altered epithelial cells, or white blood corpuscles, have escaped into the lymphatics and gotten beyond our reach, and by their aggregation and multiplication in contiguous parts given rise to secondary disease.

In the palliative treatment, the author has found Bromine more effective than any other caustic in arresting rapidly destructive ulceration. It requires to be used with great care to protect the sound parts from its corrosive action. To destroy the fetor of the discharge he uses Bromo-chloralum. Carbolic Acid is equally effective, but its unpleasant odor makes it objectionable. In relieving pain he has found nothing so efficient as *Morphine*. *Conium* answers very well in the early stage of the disease. Want of space prevents our noticing various uterine diseases illustrated in the work, and we pass to the *Department of Diseases of Children*. In the discussion of the various diseases of infancy but little new is advanced either in pathology or treatment. In regard to diet we find the same general ideas which we advanced in a recent number of the journal in our article on the "Perils of Infancy," and which are generally received by the best pathologists and most careful observers of the present day. When the child will not bear a milk diet, animal broths and those farinaceous preparations should be used which contain as little starch as possible, because starchy aliments are indigestible on account of the absence of digestive power in the salivary, pancreatic and enteric juices of young animals, returning to milk or cream diet again as soon as the child will bear it. The writer does not believe in Mercury in the treatment of any of the intestinal and gastric disarrangements of children. He says, "If it is useful, it is through its alterative, purgative or cholagogue action. The very nature of the disease clearly contra indicates any demand for alteratives, and morbid anatomy has failed to reveal conditions calling for its cholagogue action." We are afraid the doctor summarily dismisses what might be, if he understood its proper use, one of the most potent weapons in his armory for the treatment of some of these diseases. Further on he seems to have a glimmering of the fact, for he says: "I admit it will occasionally allay gastric irritability, stop vomiting, and change the acid secretions when all things else seem to fail. But is the effect not due rather to its mechanical than its therapeutic action?"

The first indications to be met with in medicines, he says, is to allay the gastro-intestinal irritability, and he finds no agent comparable as a sedative to the Sub Nitrate of Bismuth, given in five-grain doses in children of one year. To quiet the peristaltic action he finds no remedy equal to Opium, carefully watching its action for fear of brain symptoms.

In matters of pathology, hygiene, and food, and in all matters where their conclusions are the result of scientific experiments, our allopathic friends are generally fully up to the times, but in the diseases of children, especially, they are lame and halting in their therapeutics, and could learn many valuable lessons from our school, which has done what little there has been done towards exalting therapeutics to the dignity of a science. It is a pity that prejudice and bigotry should prevent any class of physicians from availing themselves freely of the scientific researches and experience of men of every school and every creed. We can mutually help each other, and every honest searcher after truth can bring, as the result of his own experience, some interesting fact or new truth. The attention of our allopathic friends has been more particularly turned to physiology and pathology, while our researches have been more in the line of therapeutics. In these departments great advancement has been made, and while we freely use the labors of pathologists and physiologists as helps in our therapeutics, we should be glad if our allopathic friends would be as successful in treating disease as they are in their pathological investigations.

The Physiology of Menstruation.

Dr. Kundart, of Vienna (Rokitansky's senior assistant), has just published an account of certain researches of his upon the anatomical condition of the uterine mucous membrane before, during, and after menstruation. He examined the mucous membrane of the human uterus in the interval of menstruation, immediately before the hemorrhage, during the hemorrhage, and after it had ceased. He points out the peculiarities of the mucous membrane of the uterus in a state of rest. There is no submucus tissue, and the mucosa comes in immediate union with the muscular layer. Its matrix is peculiarly rich in round or spindle-shaped cells. The glands, which it is known to possess in great numbers, are lined, like the free mucus surface, with ciliated epithelium. This condition is materially altered at the monthly period of uterine activity. The mucous membrane is smaller, loose, thick, and almost diffluent, covered with a whitish or bloody mucus finely injected at spots, and in many cases uniformly colored of a deep red. A microscopical examination reveals increased abundance of the cellular matrix, especially at the surface, with great elongation and dilatation of the glands. He discovered that the condition of the uterus just described probably precedes the occurrence of the discharge of the ovum and the menstrual flow by several days. He thinks from these observations that the uterus is prepared for the reception of the ovum a certain time before the rupture of the Graäfian vessicle. While the rough characters remain as described during the menstrual flow, with the addition of the oozing from the surface, and for a short time after it has ceased, careful examination reveals a very remarkable change in the microscopic appearance. The cells of the stroma and the vessels, as well as the epithelium of the glands and surface, are dull in appearance and filled with fat granules. The question occurs, "What is the relation of the hemorrhage to this fatty degeneration of the cells and vessels?" Kundart does not believe the hemorrhage causes the fatty change but is caused by it. He speaks of the fatty change which is known to occur at the end of preg-

nancy and considers the two phenomena homologous. He points out the improbability of the cause of the flow being found in congestion, as this occurs so frequently without hemorrhage. The fatty change is most abundant at the surface of the mucosa, where the bleeding takes place.

According to Kundart, at the monthly period of uterine activity, we have swelling of the mucosa, fatty change in the cells and vessels, vascular rupture and hemorrhage. With blood much altered epithelium is thrown off, but not the whole mucosa. It is a short time after the cessation of the menses before the mucous membrane has returned to its condition of rest. In inquiring into the physiological relations of the three processes—the swelling of the mucosa, the discharge of the ovum, and the flow of menstrual blood—Kundart insists that the first mentioned of the three is the first in the order of time, and it is almost certainly the preparation for the reception of the ovum. It is much more improbable that the uterus, during the menstrual flow, is in a condition suitable for this function—with a retrogressive process going on in the mucosa, its vessels ruptured and its surface discharging blood. It is even more improbable that the mucosa, in this state of degeneration, will, in the descent of the ovum, take on a totally opposite process and become highly developed. The type of the impregnated uterus is seen in the active uterus when the mucosa is swollen and menstruation not yet commenced. If the bleeding does commence, it is a sign that the ovum has perished and that the mucosa is returning to a state of rest. Thus we arrive at the highly important conclusion that a developing ovum or growing embryo belongs not to a menstrual period just past, but is one just prevented by fecundation. Gynecologists are already changing their opinions as it regards the time of conception and the duration of pregnancy, and if the statements given by Kundart are correct, they will lead to a still further important modification of matters which were once considered settled.

AHN'S RUDIMENTS OF THE GERMAN LANGUAGE, and AHN'S FIRST AND SECOND GERMAN BOOKS. Published by E. STEIGER, New York, 1873.

A KNOWLEDGE of the German language is to be considered, for the physician of to-day, not only as an accomplishment as formerly, but as one of the necessities which the advance of our progressive science demands from its devotees.

Germany now takes the lead in the world of sciences and her schools offer the greatest opportunities for pursuing its study in its various branches. With the discovery of the microscope, and the revelations it has given, medicine has become allied to the exact sciences through the patient investigations of the German physicians. They have made nearly all the recent discoveries in histology and pathology, and to them we owe the generally accepted theories of the action of the various forms of disease upon the human organization. In all the specialties, as that of the eye, the ear, the throat, the skin, Germany stands foremost. Her universities are richly supported by the Government, and they have pursued the wise policy of filling its professorial chairs by the leading scientists of Europe.

Vienna has the most extensive hospital (numbering over twenty-two hundred beds), the greatest amount of clinical material, and the largest corps of instructors of any university in Europe. The advantages for the general practitioner are unsurpassed, and over two thousand students congregate there from every portion of the globe. She may well be called the Mecca of Medicine.

The German language is rich in medical literature, and it is stored with treasure. The names of Langenbeck and Billroth, of Frerichs, Traube and Bamberger, of Arlt, Jaeger and Politzer, and Von Troeltsch, of Scanzoni, Vogel, Hebra, Koelliker, Rokitansky and Virchow, and hosts of others are familiar to us all. We are proud that medicine has enrolled upon her roll of honor the names of Von Graefe, Oppolzer and Niemeyer, and they have bequeathed to us stores of wealth. Every medical student must realize the great privilege of being able to catch the thoughts of these great teachers and leaders as uttered from their lips, or as they emanate from their pens.

Ahn's method consists of a simple, easy, and complete series of practical exercises illustrating the principles of the German language. It is attractively arranged, and affords an easy and rapid way of learning to speak the tongue. It is elegantly printed, and we bespeak for it a widespread success.

Scientific Gleanings.

COMPARATIVE LONGEVITY OF MARRIED AND SINGLE LIFE.—Dr. Bertillon, in a paper recently read before the Academy of Sciences in France, gives the following interesting facts, gathered from Holland, Belgium and France. Between the ages of 20 and 25, in 1000 married men there are 6 deaths; in 1000 bachelors 10 deaths; in 1000 widowers 22 deaths. Between 35 and 40, deaths in the same number are married men 7; bachelors 13; widowers 17. Through a series of years the same results are obtained. On the side of women, there is increased mortality among the married over the single up to the age of 30; after this the married more than make up the loss, so that when the whole number of years is counted, the gain is found to be in favor of the married. Thus in France, from 15 to 20, the deaths in 1000 unmarried women are something over 7½; and among the married between these ages they are 11½; from 20 to 25 the deaths of single women amount to 8½, and of wives to 10. Here a favorable turn is reached for the married as 30 is approached, and they show for the rest of their lives 15 to 16 deaths in the 1000 to 26 and 27 of the unmarried. Widows, like widowers, show a remarkable increase of mortality.

OXIDE OF ZINC IN DIARRHŒAS OF INFANCY.—Dr. Brakenbridge, from a long experience in the Edinburgh Royal Hospital for Sick Children, has found great benefit, in the diarrhœas so common among children, from the oxide of zinc. Careful reasoning and close observation have led him to conclusions which we reached long ago by the more sure and scientific process of drug proving. His conclusions are thus briefly stated: "First," he says, "the disease depends chiefly on a weak and too impressible state of the nervous centres presiding over alimentary secretion. Secondly, it is correlated to convulsions and other spasmodic diseases. Thirdly, it is accompanied by hyperæmia of the intestinal canal. The zinc, he thinks, meets all these

conditions, as a tonic, being to the nervous system what iron is to the blood. He has also found it beneficial in cases of diarrhœa of phthisis occurring in children.

TONGUELESS SPEECH.—It has generally been supposed that when the tongue is removed speech is destroyed, but there are many instances on record of tongueless speech. Prof. Huxley narrates a case where the tongue had been removed, and yet the person could speak with but little difficulty. In A. D. 484 sixty Christian confessors had their tongues cut out by order of the Vandal conqueror, but in a short time they were preaching again. A case is narrated in the 44th volume of the Philosophical Transactions where the girl lost the entire tongue from a cancer, which also destroyed the mouth, and yet her power of speech was uninjured. The profession is familiar with a recent case, where, in a man seventy-two years old, the tongue and lower jaw were removed in order to get rid of a cancerous mass. Two months after the operation, speech was restored to some extent. The presence of the tongue is not absolutely essential to speech, since there are other organs in the mouth which tend to produce articulate sounds and which can supply the lack of it. The uvula, the nares, the palate, the teeth and the lips are all so much concerned in speech that whole nations are distinguished by the manner in which they make more or less use of one or other of these parts.

ATROPINE AS AN ANTIDOTE TO OPIUM.—In regard to the treatment of cases of opium poisoning, the following are the conclusions arrived at by Dr. James Johnson, Medical Officer to the Chinese Hospital at Shanghai.

1. "That in mild cases, when the patient is seen within one or two hours after taking the poison, and is conscious and able to move about, with pupils uncontracted and movable, the ordinary treatment by emetics, etc., will usually suffice for recovery; but the greatest watchfulness and care are necessary, for even in the mildest cases, dangerous symptoms speedily set in. As a rule, whenever there is great drowsiness, with contracted pupils, after the evacuation of the contents of the stomach, and moving about of the patient, it is advisable to bring the system under the influence of Atropine at once.

2. "The state of the pupils is of the first importance. Whenever they are firmly contracted to a pin's point, there is danger; although the patient, for the time, may seem but slightly affected, sooner or later coma inevitably comes on. It is, therefore, advisable in such cases, to use Atropine at once.

3. "That in cases when the nervous centres do not respond to the cold douche, and moving about the patient, it is not only useless, but mischievous, to persist in attempts to drag the individual about, as it only increases the exhaustion, which is one of the greatest dangers in cases of opium poisoning. The treatment for such cases is to place the patient in the horizontal position and inject the Atropine subcutaneously, and, if necessary, assist with artificial respiration, and, in case of exhaustion, to strengthen the circulation by applying warmth and counter-irritation to the limbs, and by the administration of stimulants, such as coffee, ammonia, brandy, &c., internally.

4. "That in all cases of profound coma from opium poisoning, with perfect insensibility, firmly contracted pupils, and stertorous breathing, Atropine should be exhibited at once, and the patient carefully supported afterwards by the administration of coffee, ammonia, and stimulants.

5. "That when the system is fairly under the influence of Atropine, with respiration tranquil, however slow it may be, it is undesirable to interfere by artificial respiration, as it only embarrasses the breathing and interferes with the tranquil sleep which usually follows the exhibition of Atropine."

CONDITION OF THE ARTERIES OF THE TEGUMENT IN FEVER.—In an article on the above (in *Cent. fur die Med. Wissensch.* No. 12, 1873) by Dr Ch. Baümler, the following views are expressed: During the period of heat in intermittent fever, during the first week in abdominal typhus, as also in variola, pneumonia and traumatic fever, there exists a condition of dilatation of the tegumentary arteries, with more or less redness of the skin. If a mark is made with the nail on the skin, it shows itself by a pale line which spreads over a certain extent, and diappears only after about four minutes. This phenomenon depends on morbid excitability of the vessels, which likewise manifests itself by rigor under the influence of the slightest current of air. This condition of dilatation of the vessels persists only as long as the power of impulsion of the heart is preserved, and ceases to manifest itself after the first few days in grave or very intense states of fever. It cannot be attributed to paralysis, the least exciting cause being quite enough to determine energetic contraction of the vessels as has been shown above.

PODOPHYLLIN IN INFANTILE DIARRHŒA. — Dr. Deck, of New Zealand, speaks very favorably of Podophyllin in infantile diarrhœa. The children, he says, are worse in the morning and forenoon. If the attack is severe they lie in a restless drowsy state, with half-closed eyes, constantly moaning, and rolling the head from side to side during the forepart of the day; but they often cheer up a little in the afternoon. The head is hot, sometimes perspiring during sleep, and the cheeks flushed: great thirst for cold water and frequent retching without bringing up anything. The diarrhœa is generally worse in the morning on waking and in the forenoon, and is usually better at night. The evacuations are sometimes preceded by colic, in which the child clenches its hands and straightens itself out. There will often be three or four movements of the bowels within an hour after the child wakes, each one very profuse and exhausting. They generally come with a sudden gush and are very fetid and offensive. The bowels often act after food and sometimes while the child is being washed. The appearance of the motions vary. In diarrhœa they are generally watery, sometimes like dirty water, soaking the napkins through, and with a meal-like sediment; sometimes greenish in color, generally profuse, frequent in the forepart of the day, gushing and very offensive. In dysentery they consist of greenish yellow, slimy or bloody gelatinous mucus alone, or mixed with a fecal motion, but there is also much tenesmus and often prolapsus of the bowels. The tongue is sometimes, but not always, coated.

The most characteristic Podophyllin symptoms are the profuse, offensive, sudden stools, with morning aggravation, combined in serious cases with the Belladonna-like head symptoms.

Mercurius is generally indicated in dysentery. Like Podophyllin, the stools are generally slimy mucus, bloody, greenish, with tenesmus; but, unlike Podophyllin, they are generally scanty, with very little smell. The aggravation is generally at night instead of the morning. He recommends Podophyllin in the lower dilutions.

News Items.

HARRISBURG HOSPITAL.—A slight tempest in a teapot has recently occurred in the Harrisburg Hospital. The managers passed a resolution that a supply of Homœopathic medicines be obtained, and patients who preferred that treatment might be treated by physicians of that school. At this the staff of "*regular*" physicians in attendance took umbrage, and sent in their resignations. Not satisfied with the preparation of this terrific "bomb-shell," a special meeting of the County Medical Society was called, which approved of the course taken by the physicians, and to still more strike terror into the hearts of the managers, pledged themselves not to accept any position in the hospital unless each and every member of the late staff be re-elected by the managers, and all other practice but that of the "regular" school of medicine be ignored.

Having thrown this terrific bomb-shell right into the hospital, they calmly waited to see the managers on their knees, but what was their astonishment to find themselves hoisted with their own petard. Their resignations having been unanimously accepted, and Drs. J. J. Applebaugh and J. L. McRechan, both highly respected physicians, appointed in their place. The managers assure the public that the institution will be conducted on the principles of universal charity to all without regard to creed or race, and unfettered by any medical school. At our last advices, the institution had severed the cords of the "*regulars*," and is in a flourishing condition.

NEW YORK STATE SCHOOL FOR TRAINING NURSES.—The School Department of the Brooklyn Homœopathic Maternité for the education and training of nurses will open its first semi-annual course of instruction on Tuesday, October 7th, 1873, at the Maternité, 48 Concord street, Brooklyn, N. Y.

The school year is divided into two terms, of six months each, to commence on the first Tuesdays of October and April, respectively. The first half of each term will be devoted to lectures and clinical instruction: the second half to the practical details of nursing.

Applicants for admission to the school should apply personally, or by letter, at the Maternité, No. 48 Concord street. They must be not less than twenty-one, nor more than forty years of age; and must furnish satisfactory references as to their moral character and general health. They must also be able to read and write the English language, and sign an agreement to remain six months. They will then be received into the Maternité, and boarded and lodged at the expense of the institution during the entire course of instruction.

The students will be under the authority of the Matron, serve as nurses under her direction, and subject at all times to the rules of the house.

The Matron, under the direction of the School Committee, may discharge them at any time in case of misconduct or inefficiency; but no moneys shall be refunded for any cause except that of permanent physical disability.

The Maternité will provide all necessary text-books, models, instruments, etc., for the use of the pupils, free of charge.

At the close of each course, such nurses as shall pass a satisfactory examination by the Medical Staff, will receive the Maternité's certificate of recommendation, to be renewed, however, at the expiration of each year, for three successive years, after which a perpetual diploma will be granted to such as prove meritorious.

The fee for the course is twenty-five dollars, invariably in advance.

It is confidently believed that there will be an immediate and constant demand for the services of our graduates at very remunerative prices.

MRS. H. W. SAGE,
Chairman of the School Committee.
MRS. R. C. MOFFAT,
First Directress of the Maternité.
A. E. SUMNER, M. D.
Medical Director.

Course of Instruction.—The course of instruction is divided into three divisions: The first division comprises lectures on Anatomy and Physiology; lectures on general Hygiene; lectures on Food and Diet. The second division comprises lectures on the Management of Labor; the special duties of the Lying-in Nurse, etc.; lectures on the care of infants in health and disease; bedside instruction. The third division embraces lectures on Uterine Diseases; the recognition of uterine abnormalities, hemorrhage, miscarriage, etc.; lectures on the Culinary Art; clinical instruction.

Medical Staff.—Wm. M. L. Fiske, M. D., Anatomy; Wm. Briggs Garside, M. D., Physiology; D. A. Gorton, M. D., Institutes of Hygiene; R. C. Moffat, M. D., Obstetrics; A. E. Sumner, M. D., Infancy; Wm. S. Searle, M. D., Uterine Pathology; J. F. Oaks, M. D., Clinical Instruction.

WILLIAM TYLER SMITH, M. D., F. R. C. P., died June 2d, of apoplexy, aged fifty-eight years. He was a man of great industry and rare intellectual attainments. Notwithstanding weak bodily health, he rose to great eminence in his profession. His works on obstetrics are among the best which have ever been written. He was the author of Parturition and the Principles and Practice of Obstetrics; The Periodoscope, with its Application to Obstetric Calculation in the Periodicites of the Sex; Scrofula, its Nature, Causes and Treatment; Treatment of Sterility by Removing Obstructions in the Fallopean Tubes; Pathology and Treatment of Leucorrhœa; A Manual of Obstetrics, &c.

THE following are the officers of the American Association for the Advancement of Science, elected at Portland, Me., for the ensuing year: Dr. Lecomte, of Philadelphia, President; Professor C. L. Lyman, of New Haven, Vice-President; Dr. A. C. Hamlin, of Bangor, General Secretary; W. S. Voux, of Philadelphia, Treasurer.

LEIPSIC UNIVERSITY.—According to the Frankfort *Journal*, the number of students during the present summer months amounts to 2,700, of which 99 are students of medicine.

PROF. ROMBERG, the distinguished author of the famous work on "Diseases of the Nervous System," died at Berlin, June 16th.

Original Articles.

THE TOPICAL ACTION OF IODOFORM.

By W. N. Guernsey, M. D.

Case I.—Mr. C. called upon me in November, 1871, for relief from venereal trouble. Upon examination, I found situated upon the dorsal surface of the penis, a soft, non-infecting chancre, the size of a silver quarter of a dollar piece. It was circular in shape, and the circumference was well defined, presenting the sharply cut edges, and the undermined appearances which are so characteristic of the simple chancre. The surface of the sore was covered with a dry and dark-colored slough, yet the inflammatory action was not sufficiently intense to class the case as one belonging to the sloughing phagedenæ. It was indolent, and had become so from the meddlesome and irritative treatment which it had undergone.

The chancre had been contracted some two months or more previously. It was first cauterized with nitrate of silver, then another physician applied the fuming nitric acid, and another sulphate of copper, while a fourth sprinkled it with calomel, and as it continually grew worse, nitric acid was again applied. Still further treatment was pursued, but it was all of no avail; and the patient, dejected and despondent, resolved upon another change of treatment, and presented himself to my care.

I ordered the sloughs to be removed by the aid of warm cataplasms, and then the sore to be sprinkled, morning and evening, with powdered iodoform. In a few days afterwards, the patient was called out of town upon business, and I lost sight of him for several weeks. Immediately upon his return he called upon me, as he felt it his duty, he said, to tell me of the rapid cure I had effected in his case. "The powder dried up the sore like magic," he added, "and within a fortnight I was entirely well."

Case II.—Mr. W. presented himself to me in the summer of 1872, affected with a simple, soft chancre, situated in the furrow behind the glans penis. He had contracted it some five or six days previously, and it presented the ordinary appearances of an uncomplicated sore. Its circumference was circular, its margins sharply cut, as if by a punch, and somewhat undermined, and the floor of the ulcer was spongy and covered with grayish green tenacious matter. Powdered iodoform was ordered to be continually applied, and in eight days the sore was entirely healed.

My attention was first called by Dr. E. Guernsey, some two years since, to the marked curative effects of iodoform in venereal ulcerations. I was astonished at the rapidity with which, many times, the ulcers were healed under its use. If it was as efficacious as other remedies, there were many reasons why its use should be more preferable to the ordinary methods of treatment then in vogue.

Iodoform or teriodide of formyl, like the terchloride of formyl, or chloroform, possesses anæsthetic properties, although inferior to those of the latter. M. G. Voelker and M. Demarquay have availed themselves of its anodyne properties by using it extensively in cancer of the uterus, and in diseases of the bladder and prostate gland, where it has given great relief. Taken internally in large quantities, it produces narcotic effects, and is said to be very useful in neuralgia, aside from its alterative action upon scrofulous or syphilitic diatheses.

These properties commend it to the physician. Hitherto, most practitioners have deemed it necessary to destroy the virulent specific character of the venereal ulcers, and to convert them into simple, non-contagious wounds. The unsparing use of the caustic is recommended by Ricord in the most forcible language. "It is necessary," he says, "*to kill the chancre upon the spot.* Therefore, direct your attention to the most violent escharotics. And in order to obtain from this method the most success it can give you, it is necessary that you should employ it in all its severity. Then, no slight cauterization: what you seek to produce is an energetic and deep cauterization, a veritable destruction."

With the use of iodoform, we are spared the unpleasantness of seeing our patients writhe and shriek in agony, or fall down in syncope under the application of the caustic. From its anæsthetic properties, it commends itself in the relief it brings to the painfulness and irritability which is frequently coincident. And, further, being of an organic nature, and non-irritant, are qualities favorable for its absorption, and for its acting as an absorbent and desiccant.

I began to use it quite extensively, but soon learned that it did not supersede the caustic. Clinical observation proved the remedy to be far more efficacious than the customary cauterizations and astringent washes; yet, not every case yielded equally rapidly to its curative action. Upon further investigation, I found it to act most beneficially where the suppuration was only inconsiderable, or moderate, or where the sore was in an indolent state. If the discharges were profuse, the action of the remedy was much less noticeable, owing, probably, to the powder having been washed away by the discharge, and not remaining sufficiently long upon the wound to produce any marked action upon the tissues. In these cases I cauterized thoroughly and unsparingly every point of ulceration at first, and as soon as the sloughs were removed, powdered them with the iodoform, and the results were always highly gratifying.

I have reported these two cases as being typical ones for the illustration of the action of this remedy. They are the varieties most commonly met in private practice; they heal rapidly under iodoform, and the unfortunate sufferers need not be tortured with the painful and destructive cautery. Although iodoform is principally known to the profession as a remedy for topical application in venereal diseases, it has been used by a few for other purposes. We have seen that it is an excellent remedy for chancrous ulcers, and that the indolent variety yields quickly to its curative action. These curative properties are supposed to reside in the large proportion of iodine (90 per cent.) which the drug contains, and in the painlessness, owing to the combination in which it is held, that attends its application.

In the chancrous ulcer we have a variety that runs a protracted course, and is obstinate to treatment. In its indolent form it assumes an *atonic* or torpid condition, and may be classed under that variety of ulcers. Here suppuration and disintegration are

prominent, and advance hand in hand in the destructive process, and but little attempt is made at new formation.

When these conditions prevail, the surgeon endeavors to arrest the disintegration, and cause a healthy flow of blood to the part, that new formations may spring up, and that the ulcer may assume a healthy granulating character. He considers it absolutely necessary that there should be a free development of vessels and stronger cells, which do not lead to suppuration, but to connective-tissue new formation. He endeavors to fulfill these indications by applying caustics or resolvents, that a state of chronic congestion may be produced in the ulcer, and that a proper amount of vascularity may be induced.

Iodine and Nitrate of Silver have been the favorite remedies for topical use in these conditions, whether venereal or due to other dyscrasiæ. As Iodoform works cures in the chancrous variety of ulcer, so it should in other indolent forms which arise from dissimilar causes.

As Dr. E. Guernsey and myself believed it not to be specific for venereal ulcers alone, but to be applicable in all cases where the topical use of Iodine might be indicated, we commenced, in the early part of 1871, a series of investigations with reference to the value of this remedy in chronic inflammation, ulcerations, and catarrhal conditions. The following marked cases, which are kindly furnished me by Dr. E. Guernsey, will show the results:

CASE I. The action of Iodoform in ulcerative catarrh was clearly seen in the case of a gentleman who had complained of it more or less from boyhood. He was subject to frequent and severe attacks of hemorrhage from the nose, and scabs were almost constantly forming along the nasal passage. The trouble was undoubtedly increased by the constant habit of picking the nose, thus keeping it all the time irritated. There was no syphilitic taint whatever in the case, and the patient was apparently in every other respect strong and in vigorous health. At the time he came under treatment, the ulceration had been so severe as to break through the septum, and the entire nasal passage was in an indolent and unhealthy condition. Two or three grains of the pure Iodoform were blown into the nostrils through a glass tube, thus coming directly in contact with every part of the diseased surface. The beneficial effect of the drug was immediately apparent, the diseased surface rapidly assumed a more healthy character, and in a short time this trouble, which had annoyed him for years, was apparently cured.

The following winter, under the influence of the severe cold, the trouble partially returned, but was again controlled by the occasional application of the Iodoform. The smell of the pure drug was so penetrating and disagreeable that twenty grains were combined with half an ounce of *Plasma*, and this applied at bed-time with a camel's hair pencil. In the morning the passage was thoroughly cleansed with a spray of a weak solution of *Muriate of Ammonia*. The result was all that could be desired. I have repeatedly used the drug in ulcerative catarrh, and always, when it was indicated, with beneficial results.

CASE II.—A little boy about eight years of age had long suffered with a severe and offensive otorrhœa. The ulceration was confined to the external ear, but was rapidly extending inward, so that at the time he came under treatment the membrana tympani was thickened, and his hearing materially impaired. The ear was cleansed with warm water, and the Iodoform, combined with Plasma, carefully applied night and morning. A change was almost immediately apparent. The discharge in a short time entirely ceased, and the ear was apparently cured.

CASE III.—A lady who had long suffered from an unhealthy condition of the meibonean glands, producing an ulcerated condition along the edge of the lid, was speedily relieved by a careful application of the above remedy night and morning.

In this class of cases, of which those given above by Dr. E. Guernsey are typical, I have obtained very gratifying results from its extensive use in dispensary practice.

I have also used it with equally gratifying results in some forms of uterine derangements. Erosions, ulcerations, and uterine catarrh are easily controlled under its application. As illustrative of its action in the latter disease, I will subjoin the following case:

Mrs. C. was attacked in 1872 with severe uterine tenesmus, or "bearing down pains" whilst riding in a stage. She returned home as soon as possible, and I was called in attendance. She was in bed, suffering with severe uterine pains, which were of so intense a character that she thought they must be those of miscarriage. She said that she had enjoyed very good health until then, excepting that she had been suffering from a very severe form of leucorrhœa for two or three weeks previously. At first the discharge consisted simply of mucus, but shortly afterwards, became muco-purulent, and in the last few days was slightly mingled with blood. For two or three days she had suffered from pains, weight and dragging in the pelvis, and from considerable vesical and rectal tenesmus.

Upon examination, I found the womb enlarged and sensitive to the touch, the os uteri gaping and patulous, and the whole organ lower than normal. An ocular inspection revealed the cervix swollen, reddened and inflamed, and a thick creamy, purulent discharge pouring from the pouting os, and a slight touch of the probe to the uterine canal sufficed to produce a slight flow of blood.

I enjoined absolute quiet in bed, warm applications over the abdomen, and administered belladonna internally. In a few days the severity of the attack was subdued, but the uterine discharge was very thick and copious, and came away in large clots. I introduced a suppository of iodoform (each suppository containing three grains iodoform) into the cervical canal every third day. After the third application, the discharge was much thinner and somewhat less profuse. I then combined two grains of tannin, three of iodoform, with a sufficient quantity of cocoa butter, in each suppository, and introduced them at the same intervals of time as previously. The result was most happy, and in a short time the patient was fully restored to her former good health.

In erosions and ulcerations, I have found it to be an admirable remedy, supplanting, in a great measure, the use of the caustic or other irritative derivatives. I apply it combined with glycerine on a dossil of lint or cotton, directly in contact with the morbid part.

Its beneficial effects in cancer of the uterus have already been alluded to.

In gleet it has been used with success in the form of urethral suppositories, but its persistent odor has prevented its use becoming generally popular in these cases.

In bubo, both in the simple and chancrous varieties, its application has been recently highly recommended by Dr. A. A. Izard, of Paris. He advises its application in the inflammatory or formative stage, and in the period of ulceration consecutive to the opening of the abscess.

In the early stage, a thin layer of iodoform ointment (half a drachm of iodoform to an ounce of lard) is applied over the bubo, and this covered with an emollient cataplasm. In the suppurative stage, if the secretion is abundant, injections of iodoform in glycerine and alcohol are to be made several times daily; and after the injection, a pledget of lint soaked in the same solution is to be introduced into the ulcer. Under its use, the secretion of pus is checked, and then the wound is powdered only with iodoform twice daily.

The great objection to the drug is its pungent, and, to many, disagreeable smell. This is to a certain extent removed by its combination with plasma. The plasma, as prepared by Mr. Wenck, is made by combining starch with glycerine, in the following manner, making an elegant preparation and readily combining with almost any drug:

Formula for plasma-glycerine or glycerate of starch.—Take wheat starch, two parts; triturate with distilled water, one part; add, glycerine, ten parts. Heat the whole by means of a steam bath until a translucent homogeneous mass is attained.

THE PRINCIPAL CAUSES OF ERRORS IN SURGICAL DIAGNOSIS.

By John C. Minor, M. D.

[The following article was originally prepared as one of a series of lectures on surgery. In its construction, as in that of the others of the series, the authors of the French school, and particularly, Gosselin, Guyon, Spillmann, and Legouest, have been used as authorities.]

I. *The information given by the patient may be incomplete or inexact.* It is not always possible to avoid this source of error. In some cases—strangulated hernia, for instance—the time that has elapsed since the beginning of the trouble is of the utmost significance, and the surgeon, in the absence of characteristic signs, may be easily misled by the patient. Sometimes the patient purposely deceives the surgeon in order to obtain an operation which would be refused if all the facts were known. Thus, a patient with an old dislocation of years' standing, being refused an attempt at reduction by a prudent surgeon, goes to another surgeon, representing the luxation as one of recent occurrence. In the examination of solid or fluid tumors the duration of the disease is an important element. In cases of malingering, when the patient attempts to deceive the surgeon as to the objective and subjective symptoms, it is a trial of wit and skill on both sides. A patient was brought into my ward in one of the army hospitals, during the war, in a pitiable condition. He had been seized with an epileptic fit in camp, and had come out of it deaf and dumb. The only means of communicating with him was by writing, and the poor fellow implored me [in writing] to cure him. I attended him with the utmost solicitude, examining the condition of his tongue daily, and meantime making some inquiries into his case prior to his admittance to the hospital. I thus learned all the particulars of his attack, which I cared very little about, and incidentally discovered that he had drawn his bounty money two days before, which interested me greatly. The next morning, after my inquiries were concluded, while examining his tongue intently, I was able to cure his deafness instantaneously by discharging a revolver under his bed. The sudden explosion was a decided success so far as hearing was concerned, and I told him that on the next day I hoped to restore his speech. Accordingly, on the following morning I had the patient placed upon the operating table and administered a mixture of chloroform and ether until he passed into that stage of excitement which precedes complete anæsthesia. As I expected, he soon began to talk and shout, and answered all the questions put to him. I suspended the anæsthetic and kept him answering questions till the full consciousness of his recovery dawned upon him and then sent the rascal back to his regiment as a "bounty-jumper" detected in malingering.

II. *The disease may be observed at a period when its symptoms are not yet fully pronounced.* In a limited number of surgical diseases the first symptoms are purely functional, and in some diseases no lesion can be found until a later, or chronic period. Thus the growth of abdominal tumors in the female has been attended with all the characteristic symptoms of pregnancy so as to deceive the most expert physicians. On the other hand, pregnancy has been repeatedly diagnosed as a case of ovarian or other tumor. The only way to avoid this error is to refrain from a positive diagnosis on a single examination. Repeated examinations must be made at suitable times with a view to establish with certainty the presence or absence of characteristic symptoms. In metrorrhagia, for instance, an examination made *after* the flow may show nothing, because the orifice of the uterus opens itself during the hemorrhage and closes itself immediately afterwards. An examination during the actual period of the flow may therefore enable us to demonstrate the presence of a polypus whose existence could only have been surmised at the first examination. In Pott's disease, the first stage of the malady is of long continuance; its nature is concealed under an entire absence of symptoms or a few dull pains that are not characteristic, and its positive diagnosis is impossible. But the surgeon should always bear in mind the possibilities of age and constitution in their bearing upon the case. Pott's disease is a disease of childhood and is linked with an impaired constitution by inheritance or by the influence of bad hygienic conditions and habits. Therefore, if the possibility of the vertebral affection can be foreseen, a point of tenderness developed along the spine, affected by certain movements, may strengthen a presumption of the disease, even before the angular movements, gibbosity, abscesses, and other characteristic signs appear. In this way the surgeon, although still in doubt, may be guided in his treatment and will not be taken unawares nor compromise the confidence reposed in his skill.

III. *The examination may be made at a moment*

when the characteristic symptoms are temporarily absent. A foreign body gets into the windpipe of a child. An intense and sudden attack of suffocation has characterized its lodgment, but the patient has become perfectly quiet again. If the surgeon, in making his diagnosis, relies upon the symptoms observed at this moment, he will certainly be led into error. If, on a careful inquiry, he finds that the child has been perfectly well up to the time of the attack and that this came on sharply and suddenly, he should be very cautious. His uncertainty will cease if another attack occurs or is provoked by moving the child or by holding it upside down and patting the back with the palm of the hand. I know of one case in which what was supposed to be a severe attack of bronchitis was happily terminated by the sudden expulsion, in a fit of coughing, of a clove enclosed in a cystic envelope. The clove had lodged in the bronchial tube two months previously, and had given rise to no symptoms until within three weeks of its expulsion. In strangulated hernia the surgeon may be misled in his diagnosis of the condition of the part or of the nature of the trouble, by the erratic character of the symptoms. The tumor may be entirely painless from the first or may become so suddenly; the vomiting may cease at any time; all the pain may suddenly be located in the epigastric region. But in these cases there are two symptoms that persist—namely, constipation and the tumor; and until the absence of the other symptoms is coincident with the disappearance of these two, there should be no encouragement given except in the possibility of relief by taxis or by operation.

IV. *Certain normal or accidental peculiarities of the region or place where the disease exists may render a direct examination difficult or impossible.* The boundaries of surgical diagnosis have been wonderfully enlarged by the application of new methods of exploration which reveal to our sight actual lesions as the exciting cause of many symptoms that were formerly considered as purely functional. But these instrumental means of diagnosis are not always harmless in themselves, and in many cases they are inapplicable or uncertain. Thus, while the ophthalmoscope may reveal a lesion of the retina, an opacity of the crystalline lens, as in cataract, may prevent the recognition of the lesion. And when instruments, such as stylets, sounds, &c., are used, which compensate for an insufficient length of the finger, unless the evidence obtained is positive, they are insufficient for diagnosis. In other words, an instrumental diagnosis must be an absolute demonstration beyond the possibility of doubt, or else it is of no conclusive value. How often, even in the practice of the most eminent surgeons, have patients been cut for stone when none existed! And still more frequently the presence of a stone in the bladder has been overlooked. And these mistakes have occurred after instrumental explorations of the bladder. It certainly appears that, by the use of the lithotrite, with which we can measure the stone, crush it, and even pick up the fragments, there should be no possibility of committing the grave error of operating in the absence of stone.

Excessive swelling of a part may present a very serious obstacle to a diagnosis. After an injury to the elbow, for instance, the swelling comes on so rapidly that when the important question arises whether the case is one of fracture or dislocation, we may find it not an easy one to decide. In order to do so it is necessary to make out with precision the relations of the osseous prominences; and the rapid development of swelling and pain seriously interferes with the examination. Malgaigne has proposed to use exploring needles in these cases, and to make out the diagnosis by thrusting them down to the bone and thus searching for the prominent points, but this method is unsatisfactory. The occurrence of a phlegmonous inflammation around a part may preclude any attempt at an examination for several days. With reference to the pain of an examination and also in some respects the swelling which complicates it, we will often find that the use of chloroform will assist in making an otherwise difficult matter one of ease and comfort to both patient and surgeon. This is especially true in cases of fracture or dislocation.

V. *The characteristic symptoms of one disease may be absent or unrecognized, while those belonging to another malady are apparent.* Under this head we might enumerate some grave mistakes which have often led to the most deplorable consequences. Aneurisms, for instance, have been mistaken for abscesses and treated as such by free incisions. Such mistakes have happened to the most celebrated surgeons. But the knowledge of their errors and the possibility of them should make us very cautious when we find fluctuating tumors located over the course of the large arteries.

The expansive movement, the thrill and *bruit*, in a word, the characteristic symptoms of an aneurism should be carefully searched for, and if the exploration does not reveal its presence we should not be in haste to diagnose an abscess. Mere fluctuation is not, of itself, a sufficient basis on which to found the diagnosis of an abscess. If acute, the abscess will have been preceded by an inflammatory period whose existence can easily be proved. If chronic or "cold," either in the neighboring parts or in a more remote region, will be found the lesions which indicate its origin; or else the progress of the malady or the constitution of the patient will clear up the diagnosis. In these cases, however, we are never obliged to resort to an immediate operation, and where there is the slightest doubt, it is prudent to delay any positive action or opinion till a later period.

VI. *Two different diseases may present similar symptoms.* An abscess may be mistaken for an aneurism on account of the pulsations communicated to it by a large artery. Such errors are not rare nor always easy to avoid.

Movements may be communicated to a fluid collection or to a solid tumor, by the heart, the respiration or the brain; but these may always be distinguished from those of the aneurismal sac. The movement communicated by the heart, and by the arteries as well, has no other effect than to lift up the tumor at each impulse; it does not expand it. The movement communicated by the respiration, by coughing or sneezing, will coincide with the thoracic movements. Those transmitted by the brain will present the double movement which is characteristic of the encephalic pulsation. The importance of pulsation as a symptom cannot be overestimated, and therefore the minutest details of its occurrence should be noted with care. It should never be regarded as, of itself, conclusive evidence of the nature of a tumor, but should always be

interpreted by the aid of all the other symptoms.

It may even be difficult to avoid being misled by so clear and decisive a symptom as fluctuation, and it has probably happened to every surgeon to pronounce a perfectly solid tumor to be a fluid one. In this class of errors are recorded the greatest number of surgical mistakes. It is necessary, then, to lay down the principle that a doubt is indispensable whenever an opinion is given. In other words, the surgeon must remember that the whole category of solid tumors may offer the phenomenon of fluctuation, either true or false, and that it is of importance, before concluding that liquid is present, to have other proof than mere fluctuation. As examples we may cite the frequency with which fatty tumors have been mistaken for cold abscesses, and sarcocele of the testicle for hydrocele of the tunica vaginalis. For the purpose of solving this question it has been proposed to practise an exploratory tapping, and when a doubt exists as to whether a tumor is solid or fluid a resort to this method is legitimate. Where the doubt lies between an abscess and an aneurism, an exploratory puncture with the capillary needle of a fine hypodermic syringe is justifiable.

VII. *Two diseases may coexist*, and the symptoms of one may mask those of another, prevent its recognition, or alter its appearance so as to embarrass the surgeon. One disease may be so prominent in its features that the other may be overlooked. It may be that an examination is impossible. For instance, an atresia of the pupil with adhesions may prevent any examination of the crystalline lens or the interior of the eye, both of which may be in a diseased condition. We may indeed appreciate the condition of the retina by a study of the functional symptoms, but this is not the case with the crystalline lens. Therefore, there will be a doubt, in such a case, whether an excision of the iris will permit the rays of light to penetrate the crystalline lens and reach the interior of the eye. Much graver examples, however, may be instanced. An abscess may develop upon or around an aneurism; this is opened, and when the pus has escaped, the aneurism, which had been merely plugged by a clot, gives issue to an arterial hemorrhage. Such is the case quoted by Scarpa, as occurring in the practice of Volpi. The patient had been treated by compression for a false aneurism occurring in the bend of the arm, and had left the hospital almost completely cured. A blow from a stick, received some time afterward, resulted in the formation of an abscess, the opening of which was followed by such profuse hemorrhage as to necessitate amputation.

Peritonitis may attack a patient who has for a long time had an irreducible hernia. The history of the case should give a clue to its solution, and an examination of the tumor may confirm our diagnosis, for it will not present the usual tense condition that we observe in strangulation. But above all we may assure ourselves of the permeability of the intestine by administering a purgative. In one case this method failed in my hands. The patient, suffering from inguinal hernia of the right side, was attacked with symptoms of strangulation. He had peritoneal pain and symptoms of inflammation, with stercoraceous vomiting and *obstinate constipation*, which purgatives did not affect. The hernia was a reducible one, and was restored by taxis by a surgeon in Albany, but without any relief. The intestine soon came down again, and on the fourth day of the attack he arived in this city, presenting all the symptoms of a marked case of strangulation, for at this period the hernia was no longer reducible. In the presence of Drs. Blumenthal and Throop, I performed the operation of herniotomy, and found some adhesions which rendered the hernia irreducible, but there was *no strangulation*. He finally recovered, the condition lasting till the twenty-fourth day, when the persistent use of large injections was followed by an immense evacuation, and the gradual subsidence of all the symptoms. The case was a remarkable one, and I believe an accurate diagnosis to have been impossible.

In very extensive and severe injuries, a lesion may escape notice because the patient's condition is such that a complete examination is impossible, or because the examination has not been made with sufficient care, the surgeon's attention being absorbed by the more prominent lesions.

Felix Guyon relates the following case (*Chirurgie Clinique*, p. 140): "I was once called to attend a coachman who was thrown violently from his box. His lip, nose, and right eye were deeply cut, and his skull fractured. The gravity of these wounds, especially of the last one, and the insensible condition of the patient combined to make me overlook for several days a fracture of his left clavicle." The coexistence of two diseases may lead the surgeon into error, but there are certain diseases in which we must suspect more than at first appears. For instance, the relation between albuminuria and diseases of the interior of the eye should be borne in mind. In like manner, the occurrence of carbuncle or gangrene should lead the surgeon to examine the urine at once for traces of sugar, and he should also remember that, in the female, erythema and pruritus of the vulva are among the earliest manifestations of glycosuria. It is by attention to little things that we appreciate more important ones, and when we base a diagnosis on the totality of the symptoms, no symptom is to be considered a trivial one.

VIII. *The nature of the disease may be understood, and the diagnosis still remain incomplete.* The shoulder may be evidently dislocated, but what variety of dislocation is present may not be so clear. The leg may be fractured, but what is the direction of the fragments? These are questions which the surgeon must invariably attempt to solve, if he wishes to make a really practical and scientific diagnosis. And yet the welfare of the patient or the difficulties of the case may compel us to hesitate. We may often diagnose a fracture of the ribs with sufficient accuracy without finding or seeking for the characteristic crepitation of the particular rib involved, and it is unnecessary in such cases to subject the patient to the pain of an examination.

The location and nature of a tumor may be accurately known, but its adhesions may be unrevealed until the time of operation. In three cases I removed the upper jaw for a disease—encephaloid cancer—which originated in the ethmoid bone, beyond the reach of any operation. [The result of these cases, and an examination of the literature on the subject, leads me to question whether encephaloid cancer ever originates in the superior maxillary bones. The weight of evidence points decidedly to the ethmoid bone as the primary location of many

tumors that are diagnosed as developing in the antrum.]

With reference to the bearing of a complete diagnosis upon operative measures, only a very few operations are performed with a certain and exact foreknowledge of all the circumstances of the lesion. In the large majority of operations, unexpected dangers and difficulties arise which are beyond our powers of prevision. It is the meeting of these emergencies with promptitude, coolness, dexterity, and sound judgment that determines the quality of the surgeon. Nothing should be done on the inspiration of the moment. Inspiration is not desirable as one of the qualifications of a surgeon. The only sure basis for brilliant results lies in patient, thoughtful study, and in the power of condensing years of such study into practical shape in a critical moment.

A NEW METHOD OF TREATMENT FOR THE CURE OF PROLAPSUS UTERI.

By Dr. Payr, of Passau.

Neue Zeitschrift für Homœopathische Klinik.

Translated by William N. Guernsey, M.D.

THE third and fourth numbers of the forty-fifth volume of Virchow's Archives of Pathological Anatomy, Physiology and Clinical Medicine, contain under the title of "Cases of the Cure of Prolapsus Uteri Without Mechanical Means by Dr. Nicolai Andreef," an article upon the method of treatment of prolapsus of the uterus as is pursued in the gynecological ward of Prof. Kosloff. As it seems to us well worthy of notice, we believe that we should not withhold it from those of our professional brethren who may not have Virchow's Archives at hand.

Andreef says that he has made the observation that an alcoholic solution of iodine possesses the properties of toning up the relaxed and weakened uterine ligaments, and has the power of restoring them more or less to their normal condition. This observation led him to test the action of this preparation of iodine upon the descent and prolapse of the womb, and as his experiments procured such gratifying results, he could not forbear communicating them to the German physicians, recommending them to their gracious attention.

In August, 1871, continues the writer in his report, I became acquainted with a patient who had suffered for four years with complete prolapsus of the uterus. She had sought relief for her misfortune in the various methods of cure by mechanical means, without having found any alleviation.

She was twenty-two years old, slender, and of a frail frame, and four years ago was attacked, immediately after her confinement, with a falling of the womb, which afterwards became a complete prolapsus. The procidentia was so entire, the relaxation of the tissues of such a high degree, that a severe cough sufficed after its replacement to throw it out beyond the labia.

The treatment consisted in the reposition of the womb in a horizontal position, and upon introduction of the speculum, in the penciling of the vaginal walls which surrounded the cervix with a half drachm of diluted tincture of iodine (Tinct. Iodini, Alcohol rectif. ana part. æqual.). The undiluted iodine produces frequently an acute catarrh of the vagina and of the uterus, according to the writer's experience, which disappears spontaneously nevertheless, as a previously treated case showed, without thwarting the desired end.

After the application, the patient remained in a comfortable horizontal position, and received four times daily a vaginal douche of well water, at the temperature of 20° R. This treatment with the diluted Iodine was repeated every third day, the strength of the solution being increased at each application, and after the fourth one the patient was restored.

The womb did not undergo any prolapse during the succeeding four months, and the patient is now *enciente*, and in perfect health.

It was afterwards my fortune to completely cure by this method two cases of partial prolapse, and five of complete procidentia, of long standing.

The author does not wish to tire the reader with a description of all these cases, yet would detail more fully a case of complete procidentia uteri, which was committed to his care by Prof. Kosloff, and which we heartily approve, that the reader may learn to know and appreciate the complications which may arise during the course of the treatment.

Maria Gabrilova, a soldier's wife, aged fifty, of medium stature, entered the gynecological ward on the 20th of September of last year, and complained of a complete procidentia of the uterus, which had formed five months previously upon a partial prolapse, which had occurred a long time before. She had given birth to her only child thirty years since, and twenty-nine years ago miscarried in the seventh month of her pregnancy, in consequence of lifting heavy weights. The menses had disappeared ten years since.

An examination revealed a body of oval form suspended between the labia externa, the broad end of which was at the pudendal opening, and the smaller one lay below. The body measured 2½ inches in length, its greatest width was 1¾ inches, and the smallest at the free end was one inch. Situated upon the small end was a transverse fissure, surrounded by swollen red edges, upon which were erosions. Into this fissure the end of the forefinger could easily penetrate. The entire body had a pale rose-red color, was destitute of moisture, and showed folds upon its upper surface, which ran parallel with the external genital opening. These disappeared upon the smaller end of the body, and had the appearance as if they belonged to a sack in which the protruded body was situated, as they could be easily moved underneath it. The end of the body where the fissure was situated was inclined somewhat backwards. A slight compression of the prolapsus caused it to recede into the pelvic cavity. The patient stated that she was generally able to reduce the tumor, but walking a few steps always prolapsed it again.

As there was scarcely any disease of the vagina present, the uterus was replaced, and, putting the patient in a horizontal position, with the aid of the speculum, the vaginal arch was penciled with the Iodine solution. A half hour afterwards the patient received a vaginal douche of water, at 18° R., which was repeated four times daily. The douches have the purpose of diminishing the pain and heat in the vagina, which often attains quite a high degree.

The quantity of the Iodine used was a-half drachm, and that intense reactionary symptoms may be prevented, a larger quantity should never be used at the first application. The patient retained the horizontal position, and used the vaginal douch, with the above-mentioned frequency, for three days. Twelve hours after the first application, the uterus stood ½ inch below its normal position; the vagina was dry, somewhat hardened, and inflamed, and there was no secretion from the uterus to be noticed.

September 23.—The vagina moister; the uterus occupies the same position; the temperature of the vagina is fallen, although yet higher than normal.

September 26.—The uterus does not fall when the patient assumes an upright position. The vagina is soft and relaxed, and as there is no secretion, a second application of Iodine is made, the strength of the mixture being increased so that there is only one part of Alcohol to three of Iodine. At this penciling a drachm of the strong solution is applied.

Twelve hours after the second application the uterus occupied the normal position. The same symptoms manifested themselves in the vagina as after the first application, but only in a lighter degree. The vaginal douche is applied once daily with water at 20° R.

October 4.—Pains at the scrobiculus cordis and in both hypochondriac regions have set in, as has also a severe cough. The usual remedies were prescribed for these symptoms.

October 9.—The uterus occupies its normal position. The vagina secretes somewhat more mucus than ordinarily, but otherwise shows no abnormal symptoms.

October 15.—The position of the uterus has remained the same. From this time the cold douche was discontinued.

October 27.—The patient coughs and has pain in the epigastrium, and in both hypochondriac regions. Vomiting occurs even after taking very small quantities of food. She has no appetite, and suffers with sleeplessness.

October 30.—The vomiting has ceased, the appetite and sleep have come back again, but the cough still remains. The uterus is in its normal position.

November 4—The cough and the pains in the scrobiculus cordis and in the hypochondria have nearly ceased under the administration of tinct. valer., ether, and the use of warm baths.

November 5.—There are only slight pains remaining in the chest and back. The uterus retains its normal position.

Up to November 20, all the symptoms of disease have disappeared. Already the patient, for the past fourteen days, has assisted the nurses in their work, and the lifting of burdens which were very heavy for one of her age and strength has produced no relapse.

In this case two applications were sufficient for a complete cure; ordinarily, more are necessary, but the number has never exceeded six.

From this case, as well as others, I have drawn the conclusion that the best result is to be attained by the observance of the following conditions:

a. It must be possible to replace the uterus.

b. Before one proceeds to the employment of the method described above, all other diseases of the vagina and of the uterus, *e. g.*, erosions, ulcers, etc., must be relieved as far as possible, as inflammatory symptoms may easily occur.

c. Only the vaginal arch is to be painted, and at first with the diluted, and later on with a more concentrated solution. In connection, the cold vaginal douches are indispensable for the prevention of severe reaction.

d. In the majority of cases the patient need not be required to rigorously retain the horizontal position after the second application. After a week and a-half's treatment she may be allowed to walk and do light work.

e. The bowels must be kept open so far as possible.

f. The interval between the applications should not be less than three days, that the irritation may not necessarily be increased. After the completion of the treatment with the iodine solution, the vaginal douches with water at 20° R. are to be continued for some time.

After the completion of the cure, the vagina is neither noticeably smaller nor thicker than previously.

Frequently, after the replacement of the uterus, sympathetic disturbances arise, but they are easily and quickly relieved.

Although we cannot say that we agree with the writer in his view that the topical application of the iodine produces a tonic action upon the ligamentous structures of the uterus, as we are more of the opinion that the fixation of the uterus following the toxic use of the iodine is to be regarded rather as due to the retraction established by the irritation, and as the result of an actual adhesive inflammation. Nevertheless, Andreeff's method of treatment merits the full attention of every gynecologist.

When one considers the annoying symptoms coincident to prolapsus uteri, the burdensome feeling of dragging and tension in the hypogastric, and especially in the lumbar regions, the pressure in the vagina upon the bladder and the rectum, the derangement of the functions of these organs, the strangury and constipation, the lassitude in the limbs, the exhaustion of the physical strength, and the concomitant depression of the spirits of these patients, one can scarcely expect much relief from the mechanical character of these symptoms, especially in those whose circumstances in life are such that they are subject to severe hard work, from any dynamic action of Belladonna, Nux-Vomica, Sepia or Secale. We, at least, have often used these remedies for months without attaining any satisfactory results.

Also, there are a large number of unfortunate patients afflicted with this infirmity who can not endure the pressure and irritation of the pessary or uterine supporters, and are consequently deprived of these palliatives. In these cases the physician is in a completely helpless position and must abandon them hopelessly to their sad fate.

Yet I hear from another side that medical aid is not yet powerless in these cases, and that they are all amenable to treatment. Is, then, of no avail the operation of Episiororhaphy, which was devised by Fricke and successfully performed by Dieffenbach, Koch and others? an operation which in some cases has not even made coition and parturition impossible. If medical skill is of no avail, of what purpose, then, the operation of Elytrorrhaphy as performed

by Dieffenbach, or, the application of the actual cautery?

There is no doubt but that every patient will decide for the mildest and simplest operation in preference to the bloodier ones, if it offers to her the same if not a better prospect of success. This method in cases where internal medication has been fruitless, promises relief by a very simple and the most harmless manner of treatment, and with the avoidance of all injurious results which are liable to eventually destroy sexual life.

DIAGNOSIS OF CANCER.

By A. Varona, M. D.

Visiting Surgeon Brooklyn Homœopathic Hospital, Attending Surgeon to the Brooklyn Maternity, Etc.

"If ever you are at a loss to diagnosticate a case of protracted illness for lack of tangible symptoms, call it *nervous*. Again, if you see a patient slowly but inevitably approaching dissolution, and know not how to account for the fatal phenomenon, no matter what the symptoms may be—for they are *all* admissible—call it *cancer*. In the first instance, no one will wonder that the case lingers; in the second, no one will blame if the patient dies, and in both your omniscience will be established." Thus spoke Nélaton, in December, 1859, as we walked through one of the wards of L'hôpital Necker, discoursing upon an obscure case of internal disease which some physicians had pronounced *decidedly cancerous*.

Bearing these words in mind, I have often wondered which of the two it is that has so prodigiously multiplied, of late, cases of internal malignant disease, or followers of Nélaton's sarcastic advice? If the former, the facility with which they are detected and *mathematically* classified, leaves me to think the resources of science afford to others subtleties of diagnosis which are refused to me; if the latter, we cannot close our eyes to the fact that the utilitarian atmosphere which overhangs the business world has sadly invaded the pure realm of the medical profession.

Cancer, at best, when developed upon parts and tissues exposed to our view, subject to the direct investigation of our senses—sight, touch, smell,—liable to the minute test of chemical and microscopical analysis, is a disease of difficult diagnosis.

No one case is ever so definitely and unequivocally established but that, subjected to the independent and unbiased appreciation of different individuals, there would be marked and, perhaps, radical discrepancies.

In no one of its numerous forms does it reveal itself so plainly as to preclude the possibility of an error.

According to the avowed opinion of *theorists*, whose uncertainties, however great, are always short of what we find in *practice*, "The diagnosis of the different forms of cancer is not always easily made."

Scirrhus may easily be confounded with divers fibromata, with various glandular enlargements, with indurated atrophy of certain parts, etc.

Encephaloid tumors are often difficult to differentiate from some species of abscess, from cystic, fatty, erectile and non-palpitating sanguineous tumors.

The melanotic form can be mistaken for incipient leprous tumors.

The epithelial cancer is sometimes difficult to distinguish from certain ulcers—and the fungoid from sprouting intracystic growths and other excrescences and *fungi*.

Chemical and microscopical tests are, on the other hand, unreliable in the extreme.

The *cancer juice* would be indeed a characteristic fluid did not the human body yield other juices physically and chemically analogous to it. The *cancer cells* would furnish a sure diagnostic feature, were there not a thousand and one forms of them, and one and a thousand other cells precisely like them.

In fine, the *cancerous cachexia*, which seems to be the decisive evidence with many, is precisely the least significant of them all; for while cancer may exist with or without it, a state similar to the peculiar appearance to which that name has been given may exist in the absence of cancer. The excessive pallor is simply symptomatic of anæmia; the leaden hue is merely due to poisoning of the blood from any toxical cause; the pinched features to starvation of the tissues; the acid breath, watery eructations and black vomit to gastric derangement attending many adynamic conditions of the system. Moreover, in all diseases where malformation and destruction of tissue is a prominent feature, or where a virulent infection is suspected, the adepts of the *old system*, who are as yet the more numerous, use three remedial agents (in days past, in doses which have astonished the present, in the present day in doses that will astonish the future), mercurials, iodides and arsenites, the effects of which are, in some instances (where the remedy and the disease hold the due relation of similarity to each other), to effectively cure the malady; but in others (the number of which is by far greater than generally supposed) simply to add to the existing ailment, by reason of the toxical effect of these powerful poisons, a condition of the system in all points resembling the so-called *cachexia*; hence its appearance in many diseases, cancerous and not cancerous, after prolonged irrational treatment.

Let us add that abstinence, sometimes abused as a means of cure, at other times the natural result of certain pathological conditions, which entirely destroy the chymifying powers of the stomach, will produce the same cachectic appearance, and we shall have disposed of this unreliable evidence, and left cancer, what it is, a pathological enigma.

And if it be such when developing itself under our very grasp, how much the more difficult—nay, impossible, even—the correct appreciation of this morbid phenomena in the occult regions of the viscera; yet how accurately, how definitely, how unappealably, and, saddest of all, how frequently this terrible sentence is pronounced upon an unfortunate being, "Cancer of the stomach!" Wonderful powers of clairvoyance, how I do envy them! I will illustrate the subject with but two very recent examples.

In the early part of the present year, Miss H., aged thirty-two, left the Brooklyn City Hospital, where a sapient jury of *regulars* had found her guilty of *cancer of the stomach*, and condemned her to inevitable death in sixty days. She applied to the Brooklyn Homœopathic Hospital for a bed

wherein to await the fulfillment of the fatal augury. The bed was granted, and, with all due respect for the *augurers*, the patient placed under the care of Dr. Whitney, of the hospital board. In sixty days, precisely the time counted upon by the *prophets*, the lady was well and about. Was it a case of cancer cured by the one, or an error of diagnosis made by the others?

On or about the middle of April of the present year, I was called in consultation in the case of a lady suffering, according to the opinion of some of the most noted *old practitioners* of both New York and Brooklyn, from a *soit-disant* cancer, which they located, first in the *pylorus*, then "somewhere under the liver," and lastly in the *caput coli*. The gentleman who consulted me did not, in spite of the altisonant names of the diagnosticians, coincide with their views, and as for myself, I never could discover any traces of cancer in the stomach, liver, or colon. I thought I detected, in the midst of an enormous amount of ascitic fluid, the presence of cystic tumors of the ovaries; this, however, I could not fully ascertain when first called, as the gentlest palpitation caused excruciating pains, which it would have been inhuman to inflict, now that the end was fast approaching. I became quite confident of it, however, immediately after death, and when called upon to give my certificate I wrote, in simple faith, "Death, caused by cysto-sarcomatous tumor of the ovaries." The joy with which this written evidence of supine ignorance was received at *old-school head-quarters* can readily be conjectured, and how they determined to expose the presuming ignoramus is easily explained by what follows.

My certificate had not been many hours before the Board of Health when I received a visit from Dr. X (not wishing to be at all personal, I have not used the correct initial), one of the old practitioners formerly interested in the case. Not being honored with Dr. X's acquaintance, I had to wait until he had introduced himself, and when he had done so, though my surprise was as great as my pleasure, I did my gentlemanly best to make him feel comfortably and at home, but to no avail, for he showed in every line of his features that only the immense amount of future gratification which he was promising himself would ever compensate for the torture he was enduring at being obliged to call, in a professional capacity, on a miserable apostate.

He had, it appeared, asked of the family of the deceased to be allowed to hold a post-mortem examination, that he might establish the correctness of his own and his associates' views; the family had refused to do so, unless I consented, and he (determined not to lose this opportunity of crushing at least two *excommunicants*) did not shrink from calling personally to solicit my consent, which I, of course, instantly and joyfully granted, then saw him to the door with undiluted marks of attention, for which I received not an infinitesimal sign of recognition.

The next morning had been fixed upon for the event, and I punctually attended. My colleague, though having been a longer time in connection with the case than any one, had not been invited by Dr. X, but his own sect had been summoned, in the person of several of its most noted personages, to witness the triumph; as for myself, having nothing to fear, nothing to boast of, I had gone alone.

My arrival, however *unnoticed*, was the signal for the beginning of hostilities. Dr. X opened fire on me from the other side of the cadaver, by asking me, in the most incisively sweet tone: "What did you say, sir, was your opinion of the case?" "My opinion, sir," said I, in the meekest possible tone, and scarcely daring to raise my eyes, "is that we shall find here *cysto-sarcomatous growths* involving the ovaries; yet I advance this opinion with all due reserve—I may be mistaken." "Well," said he, looking up with a smile of profound commiseration, "this case, gentlemen, came under my charge some years ago; I then diagnosticated a cancer situated about the *caput coli*, and my friend, Dr. W. P., of New York, fully corroborated my opinion; I have had no reason to change it since, and in fact *I can now feel the growth under my hand*," and saying this he grasped a fold of integument directly under the region of the liver. "Will you proceed, Doctor," he added, beckoning to a professor he had brought expressly for the operation.

The gentleman began by making a tegumentary incision along the linea-alba, from the ensiform cartilage to the pubis, then a deeper one through the muscular fibres down to the peritoneum, and lastly, one through this membrane. No sooner had this incision reached the lower part of the abdomen than up sprang, from the left iliac cavity, a huge tumor the size of a fœtal head at term. "What is that?" exclaimed Dr. X, springing back as if he had seen a ghost. "*That*," said I, in the same meek tone in which I had before spoken, "*that* is a *cysto-sarcomatous* tumor of the left ovary. If you will now look into the right side," I added, addressing the operator, "you will probably find another one of the same nature." And so he did, to the intense disappointment of Dr. X, who looked the very personification of blank despondency. "Search up above," he said, at last rousing himself into action; "examine the intestines, the liver, the stomach." And everything *was* examined, and cut and slashed in the most unnecessary manner, but the mythical cancer was nowhere to be found.

I could cite many other cases where like errors have been committed in attempting to define and locate internal malignant disease, but the above will suffice for my purpose—viz., to prove that in the present primitive state of the medical sciences, a physician is not always able to trace a clear diagnosis of *visible*, and seldom, if ever, of invisible cancer.

The frequent incorrect classification to which I have alluded are sometimes due to *honest ignorance*, and constitute *bona-fide* errors; but the worst feature of these cases is that they are often deliberate deceptions, practised either through conceit or a false sense of duty: that is, some will rather give any name to a disease (and in that case they consider the worst the best) than confess that there exists a limit to their knowledge; while others have the mistaken idea that something *must* be said to satisfy the patient and friends.

The consequences of such procedure are doubly fatal.

Firstly, by thus expressing a decided opinion upon a subject really undecided in his mind, the practitioner who begins by endeavoring to convince others of what he then knows to be false, gradually ends by bringing about a tacit conviction in himself, which checks his investigating powers, misleads his practice, and makes his art a farce.

Secondly, the hopelessness involved in the diagnosis deprives the practitioner of the benefit of one of the most powerful therapeutical agents known (alas! unknown to many), the emotional force by which the co-operation of mental, volitional, and other nervous impulses is secured and made to operate as curative elements.

In conclusion, I will go still further. In cases of clear, unmistakable malignancy, considering the poverty of our medicinal means of combating them, can we afford to loose the help of this last-mentioned *panacea*, the mind? And is it not lost, irretrievably lost, by the sole utterance of this one horrid word, *cancer?*

SYPHILITIC LARYNGITIS.

By E. J. Whitney, M. D.

Laryngeal affections resulting from syphilitic absorption are by no means uncommon, and their character and appearance depend mainly upon the period of the disease at which they arise, and also upon the general condition and health of the patient.

The diseased action may or may not be accompanied by dyspnœa, but there is nearly always danger of its occurrence from thickening or infiltration of the parts, from separated portions of necrosed cartilage, or from spasm produced by irritation; one should, therefore, be ever watchful of this dangerous and often fatal complication.

Impairment of the voice is seldom absent, and may be indicated by complete aphonia, hoarseness, and roughness of the tone, or alteration in any of the intermediate degrees, which, although easily recognized, cannot readily be described.

The degree of aphonia or hoarseness does not necessarily depend upon the amount of diseased action, nor does it afford any certain idea of the extent of the destructive process, inasmuch as a small condyloma upon the inner edge of either vocal cord, or thickening or loss of substance of its investing membrane, may give rise to aphonia as complete as though the destruction of the cords had been accomplished, or the cartilages displaced.

Swallowing of either solids or liquids is usually attended with pain, the latter more than the former, from their proneness to "go the wrong way," and give rise to sensations of impending suffocation.

The course of the disease varies greatly, at times yielding promptly to remedial measures, and again spreading rapidly and destructively in spite of every effort to stay its course; but even under the most favorable circumstances, the voice nearly always remains permanently altered, and attacks of acute laryngitis are liable to arise from cold or other simple exciting causes not unfrequently attended with great distress in breathing. In tertiary syphilitic ulcerations the epiglottis is most frequently first affected; following in frequency and order of attack are the vocal cords and laryngeal cavity.

The ary-epiglottic folds are rarely invaded by this form of ulceration, while the anterior aspect of the laryngeal cavity is more favorable to its action than the posterior.

Ulceration, so characteristic of this disease, and developed as one of its earliest symptoms, is rapid and destructive in its course. The ulcers, deep and irregular in form, with borders raised from infiltration, are covered with a dirty yellowish or grayish secretion, revealing upon removal a hyperæmic base, which readily bleeds.

The activity of this process causes considerable surrounding tumefaction, which, however, is a sequel to the ulcerative process, and rarely precedes it. Chondritis or peri-chondritis may accompany or succeed ulceration, and a sequestrum of cartilage, becoming engaged in the air passages, may produce asphyxia from its presence as a foreign body. The ravages of this dread disease still progressing and invading the deeper structures, blood-vessels may be opened, and hemorrhage produced, which may suddenly prove fatal.

Cicatrization, which follows the subsiding ulceration, affords distinctive characteristics no less marked and important than those of the ulcerative stage itself. There exists a marked tendency in this form of inflammation to deposition of fibrine, which sooner or later becomes organized tissue; permanent adhesions and contraction of the walls of the larynx are thus established, its calibre being thereby lessened to such a degree that more or less dyspnœa is constantly observed. In these cases tracheotomy must often be resorted to as the only means of saving the life of the unhappy sufferer.

The cicatrix consists of radiating fibrous bands, firm and tense in their organization, giving to the part, a "puckered," contracted appearance, which is unmistakable. These cicatrices, according to Tobold, Semeleder, and other writers, are often covered with abundant papillary growths, which may be either sessile or projecting; these neoplasms, which are small, have a grayish-white color, and are most readily found on the posterior portion of the vocal cords and ventricular bands. The co-existence of condylomata with the process of active ulceration is seldom or never seen, for it is only after the diseased action has spent itself, at any given point, and cicatrization has become established, that these growths are to be found upon the newly restored surface.

Still, syphilitic neoplasms may make their appearance within the laryngeal cavity without any preceding ulceration, and their position and character readily observed by the laryngoscope.

Most writers affirm the absence of any characteristic features in this form of ulceration. It is true that so far as symptoms alone are concerned, no positive or exclusive diagnosis can be arrived at, but the laryngoscope affords ready means, in the great majority of cases, for a correct opinion. There are two other morbid conditions of the larynx which are most liable to be confounded with syphilitic laryngitis, the symptoms of which do not afford distinctive *differentiæ*. 1st. Chronic Laryngitis; 2nd Laryngeal Phthisis. The latter is not unfrequently found coexisting with syphilitic laryngitis, rendering a diagnosis by subjective signs alone a matter of extreme difficulty; but the laryngeal mirror, reflecting the morbid processes, clearly and unerringly defines the characteristic appearances, which, by the practiced eye, are quickly recognized.

What, then, are those morbid "landmarks" which differentiate between these morbid conditions? The symptoms and anatomico-pathological changes pertaining to Laryngitis Syphilitica, Laryngitis Chronica, and Phthisical Laryngitis, as noted below,

will be found of importance in obtaining a correct diagnosis in doubtful or "mixed" cases.

Appearance of the parts as seen in the laryngeal mirror:

SYPHILITIC LARYNGITIS.	LARYNGEAL PHTHISIS,
Epiglottis generally the part first attacked. Ulceration developed *early*. Rapid, destructive, and *deep*. Swelling *follows* ulceration. Color of the parts *deep red* or *purple;* secretion *thick*, and of a *yellowish* or *gray color*. Condylomata distributed over cicatrices. Parts not especially sensitive to touch.	Seat of disease (generally), Ary-epiglottic folds. Parts from the first tumid and puffy, with *but little* tendency to ulcerate. Ulcerations *very shallow;* discharge *thin* and *glairy*. Color *pale* and *anæmic*. Swelling always *precedes* ulceration. *Excessive hyperæsthesia* of the parts.
	CHRONIC LARYNGITIS.
	Vocal cords and ventricular bands most subject to diseased action. Color *bright red*, ulcerations shallow and of slow progress.

SUBJECTIVE SYMPTOMS.

SYPHILITIC LARYNGITIS.	LARYNGEAL PHTHISIS.
Painful deglutition. Solids swallowed more easily than liquids. Aphonia or hoarseness, usually no cough. Respiration sometimes embarrassed.	Pain in swallowing. Voice aphonic or dysphonic. Nearly always cough. Often dyspnœa.
	CHRONIC LARYNGITIS.
	No pain in swallowing, no cough. Aphonia or huskiness of the voice. No difficulty of respiration.

From a summary of the foregoing, it will be noticed that morbid changes, as reflected in the laryngeal mirror, afford positive means of diagnosis, while subjective symptoms are not wholly to be relied upon. The previous history of the patient, together with the traces of diseased action in the fauces, might be considered as conclusive evidence, but in many the faucial signs may be wanting, or the previous history obscure, while in others the taint may be solely hereditary.

Therapeutical indications are to be found in the symptoms presented in each case, and no prescribed line of treatment can be suggested for all, except that constitutional remedies are to be most relied upon, although local measures are by no means to be despised. These remedies are to be found chiefly among those whose action is anti-syphilitic, among which, and ranking foremost, are the mercurials.

Aurum Foliat.—Caries of the mastoid process and bones of the nose or palate, *suffocative attacks*, pain in the bones at *night*.

Iodine.—Hoarseness, with tickling and tingling in the larynx. Pain in the bones worse at night.

Kali Bichrom.—Sensation, as from ulceration of the larynx; hoarse, rough voice, fauces of a dark red or *coppery* color; *deep excavated sore*, containing yellow tenacious mucus at the *base of uvula*. Throat pains when the tongue is protruded.

Kali Carb.—Difficult deglutition; *the food gets easily into the windpipe*. Hoarseness, with sneezing.

Kali Hydriod is better given in appreciable doses.

Lycopodium.—Carious Nodosities.

Mercurius Corros.—*Phagedenic ulcers* of *the throat*; hoarseness, aphonia.

Mercurius Vivus.—Syphilitic ulcers of the mouth and throat; stinging and burning pain in the throat, *aggravated* by *empty deglutition*; hoarseness and tickling in the larynx.

Nitric Acid.—Great soreness of the bones of the skull, stinging in the larynx, hoarseness, *sycotic condylomata;* painfulness of the bones *worse at night*.

Phosphorus.—Hoarseness, aphonia, *great painfulness* of the larynx; dryness, soreness, and roughness of the larynx.

Phytolacca Decandra.—Dryness in the throat, with sycotic rheumatism.

Local applications to the diseased parts, either with the brush or by atomized or vaporized inhalations, often prove of great service as adjuvants to constitutional treatment. Argentum nit. may be used to stimulate cicatrization in indolent ulcerations, or to stay the progress of the more active and destructive variety. When indicated—and great care and judgment should be exercised in its use—the solid substance is preferable to solutions, as the latter more readily excite spasm of the glottis.

Acid Nitrate of Mercury, Cuprum Sulphat, Sol. Lugol, Carbolic Acid, in solutions of the required strength, will prove more or less serviceable. Among the inhalations and vapors may be mentioned, Acidi Acetici, Acidi Benzoici, Acidi Carbolci, Vapor Creosoti, Iodii, Iodoformi, and Thymolis.

100 *Lafayette Avenue, Brooklyn, N. Y.*

TOBACCO POISONING.—A German, age 43 years, with intent to destroy life, took 15 drops of the oil of tobacco. This was taken on an empty stomach. I was called, and saw him in ten minutes or less after he had taken it. Upon entering the room, I noticed two short inspirations, and all was ended. From the statements of the family, he had convulsions immediately after drinking the poison, and sank to the floor. I found him lying upon his left side, mouth and jaws wide open, with the tongue protruding. Lips, tongue and inside of the mouth of a dark blue color; eyelids opened, pupil of the eye contracted to the size of a pin's head. General appearances of a man who had been suddenly struck dead. Petechiæ all over the body, with spots of ecchymosis in places. Rigor mortis very great.

I made post mortem and found no change in the stomach. The only abnormal lesions were in the heart. The left ventricle was contracted, the left auricle slightly distended with blood, and the right side very much distended.

To my mind, this poison acts on the left ventricle of the heart, causing a clonic spasm, thereby cutting off the blood from the general circulation. Respiration may go on for a few moments afterwards. I believe that there are many poisons in different quantities, which produce vomiting and other symptoms from their peculiar action on this part of the heart. H. N. DUNNEL, M. D.

Scranton, Penn.

IMPURE MILK AS A SOURCE OF ZYMOTIC DISEASES.—Another and most important source of enteric fever, and one that intimately affects us all, is our milk supply. Dr. Ballard has shown that an outbreak of enteric fever at Islington, depended upon the sewage contamination of milk from a dairy-yard pump which had been used to increase the value of the milk to the dairyman, at the expense of the health and lives of his customers. Of 2,000 families resident within a quarter mile radius of the

dairy-yard, 142 were supplied with milk from this dairy, and 70 were invaded with enteric fever within ten weeks. On examination Dr. Ballard found that the pump from which the milk was watered was contaminated by sewage infiltration into the tank which supplied the water. There is little doubt that many cases of fever and diarrhœa are produced in a similar way in Dublin. It is sincerely to be hoped that, Dr. Cameron's efforts notwithstanding, if our dairymen will persist in diluting our milk, they will restrict themselves to the Vartry water. Within the last few weeks, Dr. Russell, the medical officer of health of Glasgow, has reported an outbreak of enteric fever in his district, and he has demonstrated that this outbreak was traceable to the distribution of infected milk from the house of a dairyman in which enteric fever prevailed. Out of 73 families supplied by this dairyman, in four streets where a milk census was taken, 22 had fever. Thirty-two families supplied by this dairyman yielded 36 cases of fever. The fever was of a fatal type. Out of 46 families there were six deaths, while there were no deaths from it elsewhere. In two families so supplied, the two individuals seized were the only members of the family who used the milk. The dates of sickening corresponded with the other indications, pointing to this dairy as the source of infection.

The fatal activity of milk as a cause of disease has also been most carefully and scientifically investigated by Dr. Taylor, of Penrith; Dr. Bell and Dr. Thorne. There can be little doubt that cholera was introduced into the Richmond convict prison by means of milk, in the epidemic of 1866, and I believe I narrowly escaped a similar visitation in my own family, by similar means, in that epidemic. I knew of one dairy which it is almost certain spread cholera to their customers by means of milk, in 1866. It is highly probable that not only typhoid, but small-pox, scarlatina, and even cholera, have been communicated to people through the medium of milk. It is, therefore, of the utmost public importance to inquire into the sanitary condition of the cow-sheds and dairy-yards.

The following is a graphic description of the dairy-yards in the south side of the city, by Mr. Benson Baker, of London, who published some notes on a sanitary tour through Dublin, about two years ago. Any one who will take the trouble to investigate the matter now, will find it equally applicable:—"In the most densely-populated and fever-infected district, in close vicinity to the corporation manure depot in Marrowbone Lane, are to be found the cow-sheds and dairy-yards of Dublin. These yards, like the neighborhood, are abominably filthy; manure is allowed to accumulate in heaps, from which may be seen small, black, fetid streams flowing into the open streets. The effluvium from these yards is absolutely poisonous, and is only equaled by the atmosphere in the cow-sheds. In this district man and beast alike fall easy victims to preventable disease." Speaking of the condition of the cows, he adds:—"Dr. Cameron says that the loss from pleuro-pneumonia sustained by Dublin dairymen is at least 10 per cent., yet the dairymen cannot be convinced that the disease is contagious, and, therefore, unless under compulsion from the sanitary authorities, they never disinfect their premises after the removal of diseased beasts from them. The vital powers of the cows are lowered by their constant respiration in close fetid stables. In some of the sheds the cubic space allowed for a large cow is less than the minimum—viz., 300 cubic feet of breathing room—allowed a man in a registered lodging-house. The cows were so close to each other that it was impossible that they could all lie down together. On questioning the owner on this point he facetiously replied, 'Gorra, sir, they take it turn about.' This *repartee* might excite a laugh if the occasion of it did not inflict cruelty on the beasts, and tend to affect the people with disease. It is not surprising to learn that milk obtained from cows herded together in such unsanitary conditions, not only conveys foot-and-mouth disease, but typhoid and other zymotic diseases to the consumer." In Dr. Mapother's street-list of cholera in 1866, kindly lent for the purpose of this lecture, many dairies are included as having been invaded by this disease. Dr. Reynolds has shown you how to distinguish good milk from bad in many ways, but, unfortunately, no means is as yet known for distinguishing milk poisoned by disease germs. The importance of a pure milk-supply comes so directly home to every one of us, that it forms a sufficient apology for the length to which its discussion has been prolonged.—*Extract from a paper by Dr. Grimshaw in the Med. Press and Circular, April 16th, 1873.*

THE ACTION OF QUININE.—A letter of the celebrated physiologist, Helmholtz, which Binz publishes (Pharmacological Studies on Quinine), is of great interest. Helmholtz suffered for twenty years from "hay fever." In recent years he discovered vibrions of a peculiar sort in the secretions of his nose. After becoming acquainted with Binz's experiments, according to which all inferior organisms are easily destroyed by quinine, he made the trial on himself with a solution of 1 to 750. He injected it into his nose, and found that the dreadfully troublesome symptoms of hay fever disappeared directly. Next year (1868), as soon as the illness showed itself, he again injected the quinine, and the development of the disease was suppressed. He supposes that the vibrions, of which he gives a sketch, are, perhaps, the cause, or at all events a complication, of this specific catarrh. The fact that the vitality of a great many infusoria is bound to certain seasons and periods of the year argues for the former idea, as also do the other circumstances of the case. If the local application of quinine is to be of use, it must, as Helmholtz particularly mentions, also cleanse the little corners and recesses of the nose proper, as the vibrions seem to be chiefly there.

[Quinine is not only antiseptic, as shown by Binz, Pringle and others, but as demonstrated by Adolph Martin, of Giessen, it possesses the power of preventing, or at least limiting, the pathological migration of the blood-corpuscles into the mucous tissues, and it produces this effect: (*a*) by impairing the vital properties of the existing white corpuscles; (*b*) by hindering the generation of new white corpuscles, and (*c*) by restraining the dilatation of the vessels. Therefore we might reasonably expect benefit from its antiseptic power in such cases as the one above, in whooping-cough, diphtheria, &c., locally used. It might also be of service, internally and locally, as a remedy to prevent or moderate the secretion of pus, especially on mucous surfaces.—J. C. M.]

THE MEDICAL UNION

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."* Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

THE PROFESSION AND THE MEDICAL COLLEGES.

WE doubt whether, at the present time, a medical diploma entitles its holder to the slightest consideration or respect even in unprofessional minds. So far as the profession itself is concerned, including even the faculties of the medical colleges from which the diplomas are issued, the opinion is well nigh unanimous, that the degree of Doctor in Medicine, considered as a certificate of professional scholarship, is not worth the parchment it is written on. And this arises from certain facts that are so evident as to scarcely need recapitulation. But one fact is pre-eminent—namely, that a medical diploma is no evidence of either learning or ability, because it is granted by unqualified and incompetent persons. The title of professor is as worthless as that of doctor. The position of professor in a medical college is gained, not by the force of scholarly ability nor by the demonstration of peculiar fitness for the duties of the position, but by personal influence with the trustees or faculty. There is not a medical college in existence in this country that does not include among its faculty some who are notoriously incompetent for the positions they hold, either from positive ignorance or from lack of teaching ability, and generally from both. Upheld by the force of one or two eminent names, these faculties issue their announcements and attract as many students as possible to attend on the instruction of incompetent teachers. The natural result follows that always occurs when the blind lead the blind. But after such a course of instruction the final examination for the degree takes place, and it would appear that the deficiencies of the student and the incompetence of his instructors would then be made evident. Nothing of the kind; the faculty who teach are also the examiners who pass upon the qualifications of the student, and, when the faculty grant a diploma, they certify not only to the ability and learning of the candidate, but also to the learning and ability of *themselves*. Thus it happens that degrees are easily obtained.

This would be amusing were it not disgraceful. The profession is awaking to the fact that a higher medical education is a measure that is being forced upon the medical colleges instead of emanating from them. These institutions are now on trial before the profession and the public. They have been entrusted with the serious responsibility of educating students in every branch of medical science. In their hands the honor of the profession has been placed for safe keeping, with the understanding that it was never to be bestowed upon the unworthy. Admission to the ranks of the medical profession can only be obtained with their consent, under their supervision, and with their guarantee that the candidate is thoroughly qualified and competent. They have accepted this trust and undertaken the task. We have supported them by sending students, by contributing time and money, and by permitting them to represent the profession.

Has the trust been worthily bestowed and honorably kept? Have the medical colleges demonstrated their ability to elevate the standard of medical culture and to preserve and promote the best interests of the medical profession? Are they constantly striving to serve the profession and not themselves? Does each year find them more rigid as to the qualifications of the teachers, and more thorough and complete in the manner and matter of instruction? Do they signify their willingness to have the profession judge impartially of the actual worth of their work? Will they be estimated by the value of their diplomas in the eyes of the profession? If not, what a sad confession of judgment!

What are the medical colleges? Are they the masters or the servants of the profession?

They are dependent on the profession for support and constantly appeal to it for patronage. They profess to meet the wants of undergraduates and undertake to save us the trouble and responsibility of educating our students. They are in fact the servants of the profession. As servants, then, is it reasonable that they should furnish their own testimonials of ability and character?

We shall look in vain for any practical response, on the part of the colleges, to the growing demands of the profession. The facts of the case are so plain that there is no necessity for a confession, on

their part, of a betrayal of trust. None are so well aware of the general incompetence of medical teachers, the deficiencies of medical education and the worthlessness of medical diplomas as the faculties of these very colleges, and they must meet this question of a higher education either by silence or evasion.

Meantime our duty is plain, and that of every member of the profession is equally so. We must agitate this question in every possible way, in our periodicals, our societies, by private and by political influence, until we force the colleges to adopt such methods and such men as will meet the wants of the profession. Every step gained must be followed by another advance. The duty of the hour is the earnest and hearty support of the law which provides a State Board of Medical Examiners. We do not consider this measure alone as sufficient in itself to accomplish the reform in medical education. There may be some defects in its provisions, but it is a step in the right direction, and its active support will lead to good results by a shorter way than any other. After years of fruitless discussion the remedy for the evil is now at hand, and it only requires an intelligent appreciation and support of the present law to obtain further and more stringent safeguards in the future.

THE LESSON OF THE HOUR.

ANOTHER panic has ruffled the great sea of business life. Starting in Wall street, the financial center of the Western World, its influence has been felt in every city, and town, and hamlet, from one end of the land to the other. So closely linked together are the interests of the nation that the producer and the consumer, the money-king with his millions, and the poor laborer happy if his daily toil will supply even the ordinary comforts of life to his family, are so dependent upon each other that the influence of a great financial panic such as we have just experienced, and which, many fear, has not yet spent its force, is felt by all.

During the heighth of the recent panic, when the Stock Exchange was closed, and one firm after another was going down before the storm, the accumulations of a lifetime swept away in a few hours, we passed through Wall and Broad streets, to notice the effect upon those men who have so much to do in manipulating the nation's wealth, and whose power is so potent for good or evil. It seemed as if they were gathered together at the funeral of some loved friend. Men stood in groups or alone, in every doorway, and along the street talking in hushed voices and with sad faces, or silent, as if their speech was gone and their power to act paralyzed. As they go to their homes and shut themselves within their houses, they cannot shut out the busy thoughts which whirl through their brains. They close their eyes, but sleep does not come to refresh and strengthen. Severe mental labor—that brain-work which absorbs every faculty of the mind—often drives away sleep for the time, but this cannot last long without its telling fearfully on the physical system. The mother, in the intense anxiety of watching over her child, will scarcely close her eyes for days, but unless her strength is kept up by appropriate food, by and by when the the strain is taken off, a fearful reaction is likely to follow. Balzac and Dumas, in writing their works, would shut themselves in their room, and work night and day with but slight intermission. Boerhave mentions that when on one occasion he was intently engaged in a particular study, he did not close his eyes for six weeks; and Gen. Pichegru said that for a whole year, when engaged in active campaign operations, he did not sleep but an hour in a single night. A few years ago, when a panic occurred in New York which threatened to overwhelm in financial ruin nearly every prominent merchant in the city, a friend and patient, one of the leading merchants in the city, with immense responsibilities resting upon him, found himself unable to snatch more than an hour or two of sleep in a single night for some weeks, and yet, thanks to a vigorous constitution, an unusually clear head and an immense amount of nerve force, which was kept up by nutritious food and a liberal supply of champagne, he passed through the crisis without any apparent detriment to his physical health.

During severe mental labor of the brain there is an increased flow of blood to it, and if this labor is long continued the vessels are apt to lose their power of contraction when mental activity is diminished, and hence the sleeplessness as the vital fluid continues to surge upward to the brain.

We do not believe that brain-work in itself begets insanity; but it does, when long continued without being supplied with the necessary nerve nutriment, lay the foundation for a host of maladies, some of which, reacting on the nervous organism, produce serious mental disturbances. No matter whether the person has passed through any severe period of excitement or not, years of close and constant application, the mind constantly turning in one channel, will assuredly, sooner or later, unless great care is taken to keep up the supply of nerve force and the functions of the body in an active condition, tell in more or less mental and physical prostration.

By and by, this brain-worker, neglecting his bodily health, begins to feel a want of clearness in his ideas. Work becomes a labor to him; his mind seems to have lost its elasticity, now and then his memory seems defective, his plans are hazy and

indistinct, and he loses his relish for what was once his greatest pleasure. Let him pause here, let him heed the warning which comes to him in his waning faculties, that his brain has been overworked, and all his mental faculties are being crushed out, and all may yet be well; but just as surely as he fails to heed these warnings, the inevitable retribution will follow. Where it will strike will depend, to a very great extent, upon his previous habits and the tendency there may be to local weakness or hereditary disease. Sometimes the heart gives way, sometimes the stomach; or, again, some hereditary taint which, with proper care, may have never awakened into activity, now starts into life and power, and speedily sucks up the last spark of vitality in the overworked and weakened form.

This period of mental excitement through which the business world is now passing, as it uses up the brain force, exhausts also the recuperative power, and plants the seeds of future physical suffering. Men do not willingly court disease. They are not many who, knowing the facts, would rush into the jaws of death or brave the dangers to which their course expose them. Wealth and fame may be very sweet, but not sweet enough to sacrifice health and life. It is because they do not realize the delicate organization of their own system, and because too often there is no kind friend to admonish them of the danger and point out the remedy, that they are swept along the rushing tide until the worn and shattered bark sinks beneath the waves.

In the days when the armies of Rome were borne in triumph throughout the world, as the victorious general returned at the head of his conquering legions and was drawn in the car of victory through the thronged streets, by his side was placed one to whisper in his ear as the plaudits of the crowd filled the air, "*Remember thou art mortal.*" Every man should have in his physician not merely the medical adviser, but a friend whose interest in him is above dollars and cents, who would not hesitate to point out frankly any errors he might see in his habits of living, and who possessed the ability to give a satisfactory, scientific explanation of his conclusions. It is the physician and the friend whose voice should be heard whispering in his ear in the thronged street, in the headlong rush of business, "*Remember thou art mortal,* there is danger before you, the frame is wearing out, pause now or it will be too late."

One reason why the physician has not a stronger influence upon the community is, that his conduct does not in all cases beget confidence. There is a strong feeling abroad that his interest in his patient is confined to his pocket, and that his advice savors of merchandise. Wrong as this impression is, in many cases it is, alas! often too true. Let the physician gain the confidence of his patient, and make him feel that he strives to carry out honestly and faithfully the highest duties of his profession, and he will have an interest over him for good beyond calculation. Many a life might be prolonged for usefulness, and many a family circle made bright and happy, which but for his kindly influence would become desolate. Let the physician assume his true position in society, his judgment guided by profound scientific knowledge, enlarged views and earnest desire for the best interest of his patient, and his influence will be felt with tremendous power in harmonizing the discordant elements and holding in check those passions which do so much to disturb the current of human life.

INACCURATE CHOLERA REPORTS.

Dr. John C. Peters, who for the past few years has been exceedingly fond of ventilating his ideas on cholera on all occasions, serving up his old treaties on that subject in every conceivable form and shape in daily papers, and in medical journals, has not been very fortunate in his recent Western trip. No sooner did the news of the cholera epidemic at the West and South reach our ears, than "Cholera Peters" starts off on a tour of investigation through the infected district, and in due time returns to his native city, fully charged, and proceeds in a lengthy report to astonish and enlighten the profession.

All this might have been very praiseworthy and commendable if the character of his mind fitted him for an intelligent investigation of the important subject, and if his report could be relied upon as expressing the real facts. But we are forced to believe, from the statements of Western journals, that Dr. Peters is not much more profound and accurate in his investigation of cholera than in some other matters. Dr. William R. Bowling, one of the editors of the *Nashville Medical Journal,* who has devoted much attention to cholera, and who has the advantage of residing and practicing where it prevailed, declares, in the most positive terms, that the report of Dr. Peters "is a tissue of misrepresentations from beginning to end."

The *Pacific Medical and Surgical Journal* remarks that "many of the reports on the condition, progress and circumstances of epidemic cholera, though coming from high and often official sources, are so incompatible with the personal experience of sagacious observers, and so saturated with the theories of the reporters, as to throw a deep shadow of suspicion over their truthfulness."

We would suggest to Dr. Peters, that having inves-

tigated homœopathy and cholera to his entire satisfaction, that he now permits his brilliant intellect, with its profound and far-reaching powers of analysis, to launch out on other fields of scientific exploration. However important the subject of cholera may be, there is danger that long-continued brooding over it may engender the disease in its worst form in his own person, whereby the profession would be called upon to mourn one of its most modest, consistent and scientific members.

BOSTON UNIVERSITY.

THE school of medicine of the Boston University has just sent out its first annual announcement.

In looking over the faculty, we notice not only the names of those who have long been prominent in our school as able practitioners and clear and vigorous writers, but in some of the chairs not necessarily homœopathic men have been selected, recognized by the scientific world as of great ability in their special departments. We are glad to see that Dr. Joseph Buchanan has been appointed to the important chair of physiology, insuring to the students a thoroughness of instruction and an intellectual treat such as will be enjoyed by no other class in that department in any college in the United States. Dr. Buchanan is one of the most original thinkers and instructive speakers in those departments, which he has made a life study, in the country. If, with the very able faculty and the great facilities for clinical teaching at their disposal in the city of Boston, the medical department of Boston University does not soon take higher rank than its sister school of Harvard, we shall be very much disappointed. The one linked to the traditions of the past, and fast bound in the fetters of a sectarian bigotry, will be forced by the broader liberality of its youthful rival to either keep pace with the advancing spirit of the age, or to take its place in the background. We heartily wish success to the new institution.

CHLORIDE OF POTASSIUM IN EPILEPSY. — Dr. Lander uses (*Scalpel*, Belgium) chloride of potassium instead of bromide of potassium, in epilepsy. He mentions the following advantages in the employment of the substance. It is more active, is but one-sixth the cost, and has not the secondary effects of the bromide. He begins with small doses and has been able to continue the use of the substance for months without any inconvenience, in daily doses of from one drachm to a drachm and a-half. According to Dr. Lander, bromide of potassium is transformed into the chloride in the stomach. This is, therefore, an additional reason for prescribing it at once in this latter form.

Transactions of Societies.

UNIVERSITY OF THE STATE OF NEW YORK.

THE LAW AND REGULATIONS CONTROLLING THE ACTION OF THE STATE BOARD OF MEDICAL EXAMINERS.

MEMBERS.

JOHN F. GRAY, M. D., LL. D., President of the Board and Examiner in the Department of Institutes of Medicine, Fifth Avenue Hotel, New York.

H. M. Paine, A. M., M. D., Secretary and Examiner in the Department of Chemistry, 104 State street, Albany.

John A. McVickar, A. M., M. D., Examiner in the Department of Allopathic Materia Medica and Allopathic Therapeutics, 130 East Seventeenth street, New York.

John C. Minor, M. D., Examiner in the Department of Surgery and Anatomy, 10 East Forty-first street, New York.

Wm. H. Watson, A. M., M. D., Examiner in the Department of Pathology and Diagnosis, 270 Genesee street, Utica.

George E. Belcher, A. M., M. D., Examiner in the Department of Clinical Medicine, 43 East Twenty-first street, New York.

Henry B. Millard, A. M., M. D., Examiner in the Department of Homœopathic Materia Medica and Homœopathic Therapeutics, 47 East Twenty-fifth street, New York.

W. S. Searle, A. M., M. D., Examiner in the Department of Obstetrics, 132 Henry street, Brooklyn.

Samuel A. Jones, A. M., M. D., Examiner in the Department of Histology and Physiology, Englewood, N. J.

Copy of the Law Passed May 16, 1872, *Authorizing the Appointment, by the Regents of the University, of State Boards of Medical Examiners.*

SECTION 1. The Regents of the University of the State of New York shall appoint one or more boards of examiners in medicine, each board to consist of not less than seven members, who shall have been licensed to practice physic and surgery in this State.

§ 2. Such examiners shall faithfully examine all candidates referred to them for that purpose by the Chancellor of said University, and furnish him a detailed report, in writing, of all questions and answers of each examination, together with a separate written opinion of each examiner as to the acquirements and merits of the candidates in each case.

§ 3. Such examinations shall be in anatomy, physiology, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery and in therapeutics, according to each of the systems of practice represented by the several medical societies of this State.

§ 4. The said reports of examinations, and the annexed opinions of the examiners, shall forever be a part of the public records of the said University,

and the orders of the Chancellor addressed to the examiners, together with the action of the Regents in each case, shall accompany the same.

§ 5. Any person over twenty-one years of age, of good moral character and paying not less than thirty-five dollars into the treasury of the University, and, on applying to the Chancellor for the aforesaid examination, shall receive an order to that effect, addressed to one of the boards of examiners, provided he shall adduce proofs satisfactory to the Chancellor that he or she has a competent knowledge of all the branches of learning taught in the common schools of this State, and of the Latin language, and that he has diligently studied medicine not less than three years, under the direction of one or more physicians duly qualified to practice medcine, or has himself been licensed, on examination, by some medical society or college legally empowered to issue licenses or degrees in medicine.

§ 6. The Regents of the University, on receiving the aforesaid reports of the examiners, and on finding that not less than five members of a board have voted in favor of a candidate, shall issue to him or her a diploma, conferring the degree of doctor of medicine of the University of the State of New York, which degree shall be a license to practice physic and surgery.

§ 7. The candidate, on receiving said diploma, shall pay to the University the further sum of not less than ten dollars.

§ 8. The moneys paid to the University, as aforesaid, shall be appropriated by the Regents for the expenses of executing the provisions of this act.

§ 9. The Regents may establish such rules and regulations, from time to time, as they may deem necessary to insure the faithful execution of the provisions of this act.

§ 10. This act shall take effect immediately.

UNIVERSITY OF THE STATE, NEW YORK,
OFFICE OF THE REGENTS,
ALBANY, *September* 5, 1873.

Rules and Regulations Established by the Regents of the University.

1. Any person wishing to be examined as authorized by the fifth section of the act referred to, after he shall have made the payment required in said section, shall apply in writing to the Chancellor for such examination, and shall also present to him in writing the preliminary proofs as to age, character, attainments and professional studies required by the said act.

2. If the proofs thus presented be satisfactory to the Chancellor, he shall give his certificate thereof in writing, to be filed with such proof in the office of the Regents, and grant an order addressed to any Board of Examiners appointed under the said act, authorizing such board to examine such candidate as required by the said act and these rules, and to furnish to the Regents of the University, in writing, a full report of such examination and the opinions of the examiners, within such time, to be named in said order, not exceeding three months from the date thereof, as he may deem to be reasonable, which time may be extended by the Chancellor on satisfactory cause being shown to him.

3. The chairman of the Board of Examiners shall convene the board within thirty days after receiving the said order, giving, at least, ten days' notice in writing to its members, and also to the president of each of the State Medical Societies of this State, of the time and place of meeting, and of the name of the candidate or candidates to be examined.

4. The said board may, from time to time, make such rules in writing, as to the attendance of its members and for its own conduct and government, as it may deem proper; a copy of which rules shall be filed with the Secretary of the University, and all such rules shall be subject to repeal, alteration or amendment by the Regents.

5. The examination of every candidate shall be open to the members of the medical profession, wherever resident, and to the Regents of the University. It shall be conducted by examination papers, to be furnished by the Regents to the chairman of the Board of Examiners in sealed envelopes, in sets of not more than five questions in each envelope. At the commencement of the examination, the chairman of the board shall deliver one of said envelopes, so sealed, to each member of the board present and to each candidate, and shall thereupon fix and declare the time to be allowed in which to answer that set of questions. The questions shall be the same for all the candidates at the same examination.

The answers shall be in writing in the following form:

Answer of A. B. to the Questions Hereto Annexed.

To the first question he says, ————, and so on through all the questions.

When the candidate shall have completed his answers to all the questions, or the time fixed by the chairman shall have expired, he shall sign his name to the answers and annex thereto the questions, and deliver the same to the chairman, and so on with other sets of questions until the whole examinations be completed.

The examiners may also examine the candidates by oral questions after the paper examination is concluded; but each oral question shall be correctly written down at the time, before it is answered, and the answer thereto shall also be immediately written down, and such oral examination, as well as the paper examination, shall make part of the report to the Regents.

No candidate shall, during the time devoted to his examination on any one set of questions, consult any person, book or paper, or leave the room in which said examination is conducted.

6. Every member of a Board of Examiners shall, within twenty days after the issuing of the order provided for in the second of these rules, send to the Regents of the University (addressed to the Secretary) at least fifty written questions proper to be put to the candidates, to be classified in any way he may deem proper. From said questions, and others to be proposed by the Regents or other persons, the Regents shall select the questions to be put to the candidates as aforesaid.

7. Any candidate who shall be commended for distinguished merit in the report of the Examining Board, and who shall also present to the Regents a dissertation on some medical topic, written in either Latin or English, may, if the Regents so direct, receive special notice of such merit at the University Convocation next succeeding his examination.

8. The degree of "Doctor of Medicine of the

University of the State of New York," which may be granted in conformity to the said act, will be conferred in form, either at a meeting of the Regents, or at the then next University Convocation.

9. The Secretary of the Regents is hereby authorized, out of the moneys which may be received from candidates, pursuant to the fifth and seventh sections of the said act, to pay in the first place all proper incidental expenses attending the examinations and proceedings aforesaid, to be audited by him, and then the actual traveling expenses of the examiners, or such part thereof as the fund may warrant, to be audited in like manner.

10. Any vacancy which may occur in any Board of Examiners, when the Regents are not in session, may be filled by the Chancellor by an appointment, to continue in force until the next meeting of the Regents.

11. The Secretary of the Regents is directed to communicate a copy of these rules and regulations to the president of each of the State Medical Societies and Medical Colleges in the State.

THE NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE New York County Homœopathic Medical Society held a regular meeting at the Homœopathic Ophthalmic Hospital, on Wednesday evening, Oct. 8th. Dr. T. F. Allen was in the chair. The evening was appropriated to discussions upon diseases of the eye, ear, and throat, and papers were read by members of the bureau on these topics.

The chairman of the bureau, Dr. Liebold, read an able article upon the treatment of iritis. The application of cold, he said, seemed theoretically to be indicated. The activity and rapidity of the inflammatory action would suggest it as the most proper remedy. But experience showed most conclusively that it is only palliative in its action, and that oftentimes it is productive of much harm.

Moist heat seemed to fulfill the indications more fully than the previous remedy. But its use needed great and constant care, as, frequently, from the heedlessness of the patient or his attendant, the moist application was allowed to become cold and produce disastrous results. Its application, also, oftentimes renders the patient very susceptible to changes of temperature, and occasionally induces neuralgia. When the proper care was used, its application produced very successful results.

Dry heat, however, has been far more successful in his hands. He applies it by means of layers of cotton batting fastened lightly over the eye.

He had abandoned the treatment by bandaging, as by the pressure the tears were pent up within the folds of the eye for a time, and then gushed out over the face, and the eye became irritated and painful under its application.

In speaking of internal medication, he mentioned aconite first, as appropriately heading the list of remedies; in the early stages of acute local inflammation its use was of great value, and in patients of tender years it was especially beneficial.

Assafœtida was indicated where there were violent throbbing pains in the temples. It was also more suggested in the female sex than in the male.

Natrum muriat. often controlled violent throbbing pains, and his experience with the action of the remedy was confirmed by that of many others.

Cedron was highly beneficial in supra-orbital neuralgia. If the higher potencies of this drug did not suffice for a cure, the lower ones should be used.

Merc. corrosiv. enjoys a good reputation in the cure of this disease. Its administration should not be pushed until salivation was produced, but the middle potencies should be persistently given for some considerable length of time.

Terebinth had proved to be a useful remedy in his hands. He regretted that the provings of this drug were so incomplete. The doctor then read an interesting report of a case furnished by a German physician. A patient suffering from amblyopia and commencing alteration of the optic nerve was exposed to the inclemencies of the weather, took cold, and as a result the perspiration of the feet was checked. To relieve this, the feet were bathed freely with spirits of turpentine, and not only was the perspiration once more established, but to the great surprise and joy of the patient the eyesight gradually improved and was eventually restored to its normal condition.

Dr. Liebold had obtained gratifying results from its use, and thought it indicated in iritis when of a rheumatic type. The medicine should only be used in the first or second dilution.

Atropine should always be instilled into the eye as early as a diagnosis is clearly made. The cases are but few which do not come quickly under its effects. Its action should be rapidly produced, and if no effect is obtained within twenty-four hours, its use should be entirely omitted for a time, as its application in these circumstances is liable to cause irritation and do harm rather than good.

The disease ordinarily yields rapidly to treatment, and seldom is so uncontrollable that iridectomy must be performed as a last resort.

Dr. Norton read a paper upon atropine, its uses and abuses. He spoke first of the nature and properties of the drug, and of the strength of the solution that was ordinarily applied. He explained its action upon the eye, and the contra-indications for its use, laying especial stress upon its avoidance in glaucoma.

In speaking of the diseases in which its use was indicated, he dwelt largely upon its application in iritis, and the beneficial results that it produces in that disease. The question had been often asked whether homœopathy can cure iritis without the aid of atropine, and he would most emphatically answer it, *Yes*, it *can* be cured. When the cases are seen early, and before an exudation has formed, homœopathic remedies internally administered suffice to control the disease.

In keratitis it is extensively used by the old school. Under homœopathic treatment it is not requisite, and should therefore never be used except when ulcerations are present. In these cases it is highly applicable, as it relieves the intra-ocular pressure to a great degree.

Atropine is also of great value before and after operations. The doctor spoke quite fully upon the indications for its use in these cases.

Dr. Houghton presented an able and interesting paper upon nervous deafness, and its treatment, illustrating his remarks by beautiful photographs of the ear, which have been recently gotten out by the distinguished German aurist, Dr. Adam Politzer,

of Vienna. The doctor spoke of the dependence of this disease upon disturbances of the auditory nerve, and of the comparative infrequency of the disease. He took occasion to speak of the common belief of the laity in regard to the frequency of this malady, and until the last five years, of the incorrect ideas that even physicians held as to its commonness. As formerly in ophthalmology when the patient could see nothing and the doctor could also see nothing, the disease was pronounced amaurosis, so in otology when the patient was deaf and the doctor did not recognize any cause for the impairment of hearing, it was pronounced nervous deafness. And this was especially done if the patient was of a nervous temperament, and the doctor's opinion was credited for wise sagacity.

Nervous deafness may emanate from diseased conditions of the membrana tympani, and of the cavity of the middle ear, which have produced disturbances of tension and equilibrium in the internal ear. Its general causes may be considered as of two kinds, direct and indirect. Under the former may be classed injuries, fractures and the resulting extravasations or exudations; also the action of quinine, concussion of the auditory nerve, as by loud explosions, and by the pressure exerted when either suddenly ascending or descending great distances.

As the remote or indirect causes, may be classed, syphilis, the exanthematous fevers, tumors and aneurisms.

The symptoms of this malady are absolute deafness, nausea and vertigo. There are many diseases of the ear which produce similar symptoms. Impacted *cerumen*, dry catarrh or sclerosis may and often do produce similar symptoms, and nervous deafness can only be diagnosed by the process of exclusion, and by the aid of the tuning fork. Real, absolute nervous deafness is of very rare occurrence, and it is of the highest importance that an exact and accurate diagnosis in every case be made, as the prognosis of the different forms of ear troubles varies very greatly.

In speaking of the remedies used in this affliction, the doctor said that nitre, which seems to be indicated in this class of cases, had not given at all satisfactory results.

Causticum has a well-marked action upon the facial nerve, as we all know, and has proved of benefit.

Silicea has been recommended by Dr. Searle, of Brooklyn, and our experience in the hospital has confirmed its beneficial action.

Nux-mosch. and phosphorus have an action upon the auditory nerve, and are sometimes useful. Electricity bids fair to become a remedial agent of the first order in this disease, and its use is becoming daily more extensive. The aurist should not forget to examine carefully the general condition of the body, and to take in the totality of the symptoms.

Dr. Seeger read a long paper upon the treatment of croup, by the inhalation of medicated vapor. He commenced by giving the etiology, pathology and symptoms of croup, as recorded by Niemeyer, and read an extensive list of cases bearing upon this method of treatment which have been reported by various foreign writers. He said that this method was known to the ancients, although its use had been more largely developed in recent times. He said that he relied entirely upon the inhalation of vapor, and so far the most satisfactory results had crowned his efforts. He showed to the society a large variety of nebulizers, one of which was of his own invention. His apparatus is a croup spray-producer, and consists of glass tubes which unite the liquid into a spray, being of considerable length; these are attached to the boiler of a steam apparatus similar to the one manufactured by Codman and Shurtleff.

The doctor also presented a paper by Dr. Hallock, upon the beneficial results obtained in croup, with the inhalation of the vapor of iodine, the purport of which has been already noticed in a former number of this journal. A few minutes were then given to miscellaneous business, and the meeting adjourned.

Reviews of Books.

BÖNNINGHAUSEN'S HOMŒOPATHIC THERAPIA OF INTERMITTENT AND OTHER FEVERS. Translated, with the addition of new remedies. By A. KORNDOERFER, M. D. Published by BOERICKE & TAFEL.

INTERMITTENT fever has called forth more words than ideas; yet no malady is so submissive to the will and imagination.

A dogged resistance has often overthrown an attack, and the practice of the most ridiculous superstitions have even more frequently proved wonderfully curative. Disgust, also, as in swallowing urine or a half-dozen of the cimex, has quickly silenced a prolonged fever. Again, *confidence* is an army in itself,—a physician firmly believing in the efficacy of a certain remedy will accomplish many cures with it, while his neighbors declare it useless. Honest men have faithfully toiled over the pages of Bönninghausen, and week after week have heard the doleful cry: "I'm no better, doctor," while others insist that they perform wonders under such guidance.

Are not many of the symptoms the product of other causes than the drugs mentioned? Has not imagination helped any? Is it possible that the hundreds of true men who have gone to the bedside with such works in their hands and ingloriously failed were not faithful to the law?

Works devoted to intermittents have too often proved of doubtful value; an appeal to the general symptomology is far safer, and there we are more likely to discover WHAT "gets worse after touching things," "after eating," "after drinking," etc.

The worst feature of such books is (unintentionally) to encourage an overestimate of the chill, fever, and sweat, and a depreciation of the conditions which prolong the fever. In persons otherwise well, the fever speedily yields to properly selected remedies; while in those who have been crushed by care and grief, or wasted by disease, and they who have overburdened their livers by excesses, either of the brain or stomach, it is very difficult to uproot it, or even allay its symptoms, unless utterance be choked awhile by the *free* use of mercury, quinine, strychnine, arsenic, or iron.

Little can be done to save us from such a resort while this greediness for symptoms heaps up such a mass of useless matter that only serves to hide many pure and well-proven gems of the *materia medica*. Such things have done more than its worst enemies

to retard the law. Unfortunately, this applies in some degree to much of our *materia medica*. Imaginary symptoms are daily poured into the journals. Unproved assertions of some visionary enthusiast are too often taken as statute law. In Bönninghausen's time, such men lived and wrote, and he was compelled to take from their pens. His work exhibits an untiring hand, and for his diligence he must be praised; but whether we ought to thank any one for a new translation without striking out a part, at least, of the uncertain provings, is questionable.

The book is fairly printed and well bound.

THE ATMOSPHERE; *translated from the French of Camille-Flammarion.* BY JAMES GLAISHER, F. R. S., *Superintendent of the Magnetical and Meterological Department of the Royal Observatory, Greenwich. With ten chromo lithographs and eighty-six wood-cuts.* New York, HARPER & BROTHERS, Publishers.

THE work treats on the form, dimensions, and movements of the earth, and of the influence exerted on meteorology by the physical conformation of the globe; of the figure, height, color, weight, and chemical components of the atmosphere; of the meteorological phenomena induced by the action of light, and the optical appearances which objects present as seen through different atmospheric strata; of the phenomena connected with heat, wind, clouds, rain, and electricity, including the subjects of the laws of climate. The contents, it will readily be seen, are of deep importance to all classes of persons, the observer of nature, the agriculturist, the navigator, and especially the physician. To the physician it opens an immense fund of information in a channel of investigation which has been too much neglected, and gives him useful hints by presenting scientific facts, not only as to the causes of disease, but as to their prevention and cure. The work is elegantly illustrated and written in a style which, without sacrificing scientific accuracy, gives it all the charm of a romance.

THE AMERICAN CYCLOPEDIA; New York, D. APPLETON & CO., 549 & 551 Broadway.

A GOOD cyclopedia is almost a necessity in every library. It is in itself a library in every department of literature, science, and art, to which almost daily reference is made by all who have any desire to keep posted in the march of events. The physician finds it a work of quick and ready reference, posting him in the various departments of science connected with his profession, in the new discoveries in chemistry, materia medica, and physiology, and referring him to extended treatises on those subjects if the epitome given is not sufficient to answer his purpose.

In selecting so important a work as a cyclopedia, to which daily reference is to be made for information upon the various subjects which almost daily come up for investigation, the first thought is to obtain the one which will be of the most practical value, and will give, in the clearest manner and the shortest space, the information desired. The three most popular works are, the Cyclopedia Britanica, Chambers' Cyclopedia, and the American Cyclopedia. The Britanica is an immense work, giving exhaustive treatises on nearly every subject it discusses, of great value, and indispensable in public libraries, and among the chosen books in the editorial sanctum, but for the hard-working business or professional man it is too large, and is placed at too high a price. In general use, then, in this country the choice lies between the American Cyclopedia, Chambers', and perhaps Zill's. We have carefully examined and compared *Chambers'* and the *American*, placing them on our table side by side, and comparing the articles. We find the *American* treating a larger number of subjects, and all with more fullness and clearness, than *Chambers'*, and to our unprejudiced eye it seems a more valuable and practical work. This is a second edition of the one published several years since, but every page has been rewritten and every department brought fully up to the times. The illustrations in this edition form an important feature. They are well executed, and the subjects wisely chosen, a simple illustration often conveying a more intelligent idea than a whole page of printed matter.

HUMAN LONGEVITY. BY WILLIAM I. THOMS. F. S. A., *Deputy Librarian, House of Lords*, New York, SCRIBNER, WELFORD & ARMSTRONG.

MR. THOMS starts out with the idea that one hundred years is the limit of human life, and that the cases quoted of lives of over a century will not bear the test of investigation. He takes up nearly all the cases of great longevity quoted, sifts the evidence with the skill of a detective, and shows to his entire satisfaction, if not always to that of the readers, that their claims are spurious. Our old friend, Capt. Lahrbusr, comes in for a pretty thorough overhauling, in which he attempts to prove the old man has magnified his age by at least twenty years. Fifteen years ago, when we first saw the captain, he looked quite as old as he claimed to be, and from evidence which to our mind is satisfactory, he has not overstated his age. Life assurance has existed in England since 1706, and yet in the experience of the companies, notwithstanding their care in excluding those which, on a careful examination, were considered unhealthy, only one case occurred where the person reached a hundred years, and three cases where they numbered ninety-nine years.

According to the last census, there were in the United States 3,500 persons over 100 years of age, and yet perhaps this number, if subjected to the rigid scrutiny of Mr. Thoms, would be materially lessened, as of all the cases published in England he only finds four whose record stands the test of his scrutiny. To those interested in the subject discussed the work will be of value.

A MEDICAL HAND-BOOK FOR MOTHERS. BY ALFRED C. POPE, M. D. London, HENRY TURNER, 1873.

THIS work is designed to assist the young wife and mother in the management of her health, and in providing for the wants of her infant. The information given is of a practical character and such as every mother should understand. The manner of living is described, which, during the months of pregnancy, will most contribute to the health of the mother and the proper development of the child, and

the means of regulating the indispositions which are liable to occur during that period are plainly given. An important chapter in the book, which every young mother will appreciate, is that given to the management of the young infant, in which she will find plain and simple directions as to the food, clothing, and general care of the child. The work is pleasantly written, and if generally read would be the means of saving many little lives who annually perish through the ignorance of mothers and nurses.

Scientific Gleanings.

THE EFFECTS OF FORESTS UPON RAIN-FALL.—There seems to be a conflict of opinion and even of evidence on this subject. While in some instances a reduction is very positively alleged to have taken place, in many others this result has not been observed. Some very important effects of a different kind are quite unquestionable. When the mountain summits have been robbed of their wood, the soil upon the upper slopes, deprived of the support furnished it by the roots of the trees, is no longer able to maintain its place and is washed down into the valleys below. These are then sometimes overwhelmed by a deluge of sand and gravel, which covers up completely the fertile plains of the lower districts, and renders them unfit for cultivation. Mr. George P. Marsh, in his valuable work upon *Man and Nature*, recounts some very destructive instances of this effect among the Alpine valleys of south-eastern France. The mountain summits thus stripped of their soil become barren slopes of rock down which the water rushes with rapidity and violence.

In the next place the rivers undergo a change of the most serious kind. They lose their sustained and equal flow and become irregular. The rain of a summer shower drains rapidly from the precipitous and rocky heights no longer covered by a soil. It fills the bed of the stream, overflows it and passes off in a torrent to the sea, leaving the stream shrunken and insufficient till another storm of rain creates another inundation. Thus brooks that formerly were wont to turn mill-wheels, and do much valuable work, are changed into irregular mountain torrents, and not only lose their character of usefulness, but become dangerous and destructive.

These effects have grown so marked, that the European governments have been forced to recognize them. They have even undertaken some measures of protection against an evil so serious, and have attempted to restore the wood of those summits, which still retain a sufficient amount of soil. In some instances the effort has proved successful; and streams that had become so capricious as to be worthless, are found to regain their former constancy and fullness with the restoration of the forests which had been ruthlessly cut down.

Few subjects are of more importance to us than a right understanding of the disastrous effects of the constant and rapid destruction of our native forests. Every year the country is more and more denuded; and at length, the high price of lumber drives the wood-cutters further and further up into the mountains. Regions so precipitous as to have been hitherto secure from intrusion are now reached by the axe. From the windows of the rail-car, the traveler sees upon the distant summits, great gaps in the forest, where some adventurer, more enterprising than the rest, has found means of bringing down in a season the growths of a century; and soon we shall find it too late to protect our rural districts from the dangers which already threaten them.

CAN THE INFANT DIGEST STARCH?—This very important question is answered in the negative by an Italian physician. It has been known that the saliva of newly-born animals has not the power of transforming starch into sugar. A recent experimenter has taken the pancreas from kittens and puppies, and has ascertained that the pancreatic juice, in these animals when young, is, like the saliva, incapable of converting starch into sugar. The hearing of this fact on the practice of giving starchy food to very young infants is obvious.

NEW MEANS OF DILATATION IN STRICTURE OF THE URETHRA.—It simply consists in the employment of a column of liquid about twenty metres high, established by means of a funnel, and containing about a pound and a-half of water (boiled at 25° or 27° C.) and suspended above the patient's bed. An India-rubber tube (about two metres long), and provided with a cock in the middle of its length (so as to moderate or suspend the current of water), and having at its end a small glass pipe like an ordinary syringe, which is to be introduced into the meatus, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glands, to prevent the water from running outside. The water in the funnel is then forced down by its own weight and runs down drop by drop, dilating the stricture without pain, and, through its local and antiphlogistic action rendering the urethra pervious to sounds and bougies. The patient can himself apply the apparatus, three or four times a day, and when it is removed the surgeon has only to make use of his bougies and sounds.

TREATMENT OF CHRONIC DISEASES OF THE BLADDER WITH INJECTIONS OF HEALTHY URINE.—In No. 8 of the *Pester. Med. Chir. Presse* for this year, Dr. Clemens proposes for the treatment of old disorders of the bladder (such as catarrh, chronic inflammation produced by unhealthy urine, gravel, &c.) a means which had already suggested itself to his mind four years previously, and which he has since employed with success. His first case was that of a patient whose bladder contained abnormal urine in a state of putrefaction. After having failed in the use of all known remedies, he made injections of fresh and healthy urine, and with the best results. The author advises to empty the bladder completely, and to wash it out by means of an injection of tepid water, which is allowed to run out after five minutes; a young and well fed individual is then made to micturate directly and slowly into the syringe, which is previously warmed to 25° (Reaumur). The injected urine is allowed to stay some time in the bladder. The injections must be repeated two or three times in the day. Sometimes an immediate effect is observed, as happened in a case quoted by the author, in which spasm of the bladder disappeared after the first injection.

EXPLORATION OF THE RECTUM BY MEANS OF THE WHOLE HAND.—In the *Archiv fur Klinische Chirurgie*, Dr. G. Simon states that it is possible to introduce the whole hand into the rectum without producing any serious lesion. Dilatation may be performed with or without previous section of the sphincter. The patient being under the influence of chloroform, two fingers are gently introduced, then three, then the whole hand, and even the forearm. After the hand has reached the sacro-vertebral angle, the fingers may be extended into the abdominal region, and explore the situation from the kidney to the umbilicus, without any danger. In this manner affections of the uterus, the ovaries, and even the stomach and spleen, may be diagnosed with greater certainty. On introducing only one-half of the hand, the base of the uterus and the ovaries may be explored. In men the fundus of the bladder can be examined, and the existence of calculi detected. In two cases of ovarian cysts, Dr. Simon was enabled by this procedure to make out the length and thickness of the pedicle, the absence of adhesions to the walls of the pelvis, and the existence of fibrous tumors in the fundus of the uterus. The diagnosis was confirmed by the operation. Furthermore, Dr. Simon thinks that dilatation with the whole hand may be the means of curing fissures.

MADEIRA AS A HEALTH RESORT.—That invalids, who visit distant climes in pursuit of conditions more favorable to health than they can find at home, are but too often lead by false hopes, is an every-day observation. A writer in the London *Times*, who went out to Madeira last year for the benefit of his health, has proved the truth of this observation by his own experience, and labors to convince other invalids that they can find nearer home advantages every way superior to those enjoyed at Madeira. The temperature of that island is, no doubt, remarkably equable, the thermometer very rarely indicating under 60°, or over 78°; but yet, from the latter end of February up to the date of the writer's letter, the beginning of May, the weather was as unpleasant as could prevail even in England. During March there were keen, piercing winds, and occasional hot sun, and April was a succession of chilly, damp, and rainy days. Thus the patient is almost sure to lose, in the discomforts of spring, all the strength he may have gained during the summer and winter. A Portuguese never condescends to let apartments, and the invalid must put up with the very imperfect accommodations of the hotels, where comfort and sanitation are entirely disregarded. The writer regards the Madeira climate as especially unfavorable to youthful invalids. Finally, it would appear that every obstacle is placed in the way of those who wish to return home from the island. The writer's conclusion is, that the chances of recovery for a consumptive are far better at home, surrounded by the conveniences and comforts of life, than in Madeira, where the only favorable condition is the climate, and where even that advantage is more than balanced by the storms of the spring season.

ARTIFICIAL LIGHT.—The injurious effect of artificial light upon the eye is said to be due to the presence of an excessive number of non-luminous heat-rays. As proving this, it is said that while sunlight contains fifty per cent. of these rays, electric light has eighty, gaslight ninety, and kerosene-light ninety-four per cent. In view of these facts, an eminent German chemist proposes to absorb these injurious rays by interposing between the source of light and the eye a thin layer of alum or mica.

Extract from Hering's Analytical Therapeutics.—

PARONYCHIA, PANARITIUM.—Runaround, Whitlow, Felon. The most valuable remedies are *Apis.*, *Hepar S.*, *Natr. Sulph.*, *Silicea*, *Sulphur.* Next in value are, *Fluoric ac.*, *Sepia.* Following these are, *Arsenicum*, *Calc. ostr.*, *Causticum*, *Graph.*, *Lachesis*, *Malv. rot. Mercur.*, *Nitr. ac.*, *Pulsat.*, *Rhus. tox.*, *Stramonium.* The remaining remedies mentioned are of nearly equal value.

Often epidemic; then the medicine corresponding to the predominating character of the weather and all other prevailing diseases, ought to be given by preference.

The sooner the first formed blisters are opened or squeezed, the longer the cases last, becoming always tedious; ought never to be lanced. If opened, keep the air off, or have it filtered through cotton.

RUNAROUND.—Superficial subcutaneous: *Cepa.*, *Mercur.*, *Rhus.*, *Apis*, *Graphit.*, *Sulph.* Pale superficial runarounds: *Caustic.* 6 (low in water externally.) GOULLON.

Lympathic vessels inflamed: *Cepa.*, *Lachesis*, *Hep. s. c.*, *Sinap.*, *Rhus.*

PANARITIUM DIFFUSUM.—Deeper seated: *Bryon.*, *Hepar.*, *Lycop.*, *Rhus.*

WHITLOW.—Affecting tendons or aponeurotic tissues: *Graphit.*, *Lachesis*, *Mercur.*, *Sulph.*, *Rhus.*, *Hepar.*, *Ledum.*, *Natr. sulph.*, *Ran. bulb.*, *Silic.*, *Sulphur.*

FELON.—Periosteum and bones: *Silic.*, *Fluor. ac.*, *Calc. phosph.*, *Mezer.*, *Sulphur.*

Old maltreated cases: *Hepar.*, *Silic.*, *Sulph.*, *Phosph.*, *Stramon.*—*Malv. rot.* JEANES.

IN THE BEGINNING, one dose of *Sulphur* high may cure the whole, followed by *Apis* low.

From a hurt: *Ledum.* From hard work: *Rhus.*, *Sep.* From a prick with a needle under the nail: *Cepa.*, *Bovist.*, *Sulph.* From a prick near the nail: *Jodium.* From splinters: *Baryt.*, *Jod.*, *Sil.*, *Hep.*, *Lach.*, *Nitr. ac.*, *Petrol.*, *Sulphur.*

FROM HANGNAILS.—*Lycop.*, *Natr. mur.*, *Sulph.* From splits of the skin adhering to the nail: *Cepa.*, *Natr. mur.*

Beginning at the ROOT OF NAILS: *Caust.*, *Graph.*, Before suppuration: *Hepar.*, *Lach.*; after: *Sil.*, *Sulph.* Margin of nails: *Lithium.* Under the nails: *Alum.*, *Caust.*, *Cocc. cact.*, *Sulph.* All around the nails: *Alum.*, *Bufo.*, *Caust.*, *Crot.*, *Plumb.*, *Hep.*, *Lach.*, *Merc.*, *Paris.*, *Puls.*, *Ran. bulb.*, *Ruta*, *Sanguin.*, *Ferr. magn.*

Points of fingers swollen and hot: *Sepia*, *Sulph.*, *Amm. mur.*, *Phosph.*, *Sil.*, *Mar. ver.*; whole fingers with spreading blisters: *Magn. carb.*

Thumb: *Amm. mur.*, *Borax*, *Bufo.*, *Cepa.*, *Eugen.*, *Fluor.*, *Granat.*, *Kali. c.*, *Kali. hydr.*, *Sepia*, *Sulph.* Index finger: *Sulph.* On several fingers: *Natr. sulph.* From one to the next: *Sanguin.*

A red line from the hand up to the elbow: *Cepa.* Red streaks, swelling, pain up into the armpit: *Bufo.*, *Rhus.*, *Sinap.*; with painful swelling of a gland in axilla: *Mecr.*, *Hepar.*, *Silic.*

PAINS, drawing, tearing: *Sepia*, *Sil.*; as if the

thumb nail was torn out: *Kali. hydr.;* shooting: *Asaf., Bryon., Puls., Rhus.;* throbbing: *Merc., Silic., Hepar.;* boring: *Sulph.;* throbbing, shooting: *Sep.;* throbbing, burning: *Con.;* under thumb nail: *Amm. mur.;* burning, stinging: *Apis;* burning, shooting, repeating now and then; *Fluor. ac.;* ulcerating, festering: *Berb., Con., Caust.;* very sensitive to touch: *Apis, Sanguin., Sulph.;* bursting: *Caust.;* deep seated: *Sil., Merc.;* intolerable, violent: *Lach., Silic., Stram.*

COLOR, pale red: *Bryon., Caust.;* livid: *Granat.;* yellow shining: *Sulph.;* light red: *Hepar., Merc., Sulph., Natr. sulph.;* deep red: *Rhustox., Lycop, Sepia;* dark bluish: *Lach., Sassap., Sepia;* blue black around the thumb nail: *Bufo.*

SUPPURATION SLOW: under the thumb nail: *Borax, Merc., Hepar., Phosph.;* insufficient: *Sil., Calc.* (*Lach.* every two hours, saves the knife—KREUSSLER); too copious: *Fluor. ac., Sepia.*

PROUD FLESH: *Sil., Sacch. off., Lach., Ars., Petrol., Graph., Sulph.;* a sykotic fungus: *Caust.* 6 externally; pale red, spongious, sensitive to touch, easily bleeding, grows out of an opened felon, *Thuya.*

GANGRENOUS SPOTS: *Rhus., Bell., Nux.;* purplish blue: *Lach.;* blackish and burning: *Arsen.;* blackish blisters: *Ars.;* putrid ichor: *Asaf., Carb. veg.;* sloughing and burning: *Anthrac.*

WITH CARIES, NECROSIS: *Sil., Fluor., Asaf., Mezer., Lycop., Aurum., Merc., Ph. ac., Sulph.*

MISFORMED NAILS are replaced by healthy ones: *Sulph., Sepia.*

Maltreated by lancing: *Phosph., Silic., Staph.;* pains following: *Hyper.* After the abuse of sulphur; *Apis;* of mercury: *Lach.;* of metals: *Hepar.;* of sarsaparilla: *Sepia.*

If Apis is insufficient, give *Sulphur* high. WOLF. If Arsenic: *Anthrac.* RAUE. If Mercur.: *Hepar.* If Hepar: *Lachesis.* If Silicea: *Fluor.* C. HG.

Felons may be checked in the beginning, before suppuration, by *Nitr. ac.* in water, applied locally, but it is often very painful. To prevent returns, *Calcar. ostr.* may be given.

Dioscorea 15 prevented and removed ordinary whitlow. BELL.

NATR. SULPH. After living in damp dwellings or work-shops; pale appearance; tired in the morning, with a dull head; loss of appetite; chilly and feverish in the evening. A blister on the ungular phalanx, followed by a deep red swelling, festering at root of nail, great pains, more bearable out-doors than in the room. GRAUVOGL. Corroborated by RAUE. Quick relief and cure after 2c. BELL.

BRYONIA. Light pale red; diffused not hard nor burning; at its height tearing, shooting; if suppurating, the redness spreads more and more; in the beginning cold application pleasant, later hot moist poultices agreeable; dry mouth without thirst, or great thirst; bitter taste; tongue coated; dry hard stool; red urine; dry skin; fast frequent strong pulse. SCHELLING.

RHUS-TOX. Runaround with red streaks or swelling; pain up into armpit. Or after general complaints, rheumatic on beginning to move; limbs going to sleep, easily tired, sweating. GUERNSEY.

Slow local development, frequent remissions. Dark red, erysipelas-like with little blisters, often with œdema. In corresponding cases the blisters may even be virulent blackish. SCHELLING. From chilblains: *Rhus.* GASPARY.

LYCOP. Extending over the whole hand, dark red with many complaints indicating it; belching, bloated belly; pressing, etc., under short ribs, burning and nausea; emptiness in stomach with yawning, etc. SCHELLING.

SEPIA. With such as have tetters; felon changing hands; throbbing, shooting pain, sleepless. Every evening 6. GASPARY.

GRAPHITES. Superficial inflammation mostly on the root of nail; violent burning, throbbing, then suppuration, after open proud flesh. In the beginning it ends the whole within a few hours. KREUSSLER.

HEPAR S. C. Superficial erysipelatous onychia around the root of nail. Before suppuration; after it: *Lachesis.* JAHR. Thumb livid, most violent throbbing, cutting, burning pain. Promotes suppuration, particularly after metallic influences. C. HG. 1828. Last joint hard, red and swollen, lymphatics inflamed, lump in axilla: *Hepar* 3, internally and externally. NEWTON. Subject to it every winter for some years: *Hepar s. c.*, same way. NEWTON. Sensitiveness to touch and cold. HILLS.

MERCUR. More throbbing than shooting, not violent pain. EIDHERR. Inflamed in the cellular tissue beneath the cutis on the sinews, their fasciæ and the phalangial joints. KREUSSLER. Extremely sensitive to heat and cold. HILLS.

SILIC. Not much swelling, moderate redness and heat, but *periosteum affected.* Deep-seated inflammation, violent shooting pain, deep in the finger, worse in the warm bed: sleepless nightly; loss of appetite; nausea even to fainting; pains often unbearable with bodily restlessness; irritability even to convulsive jerks. Opening with a surrounding wall of proud flesh, pus malignant discolored. Promotes expulsion of necrotic bones. SEIDEL.

Violent nightly pains threatening necrosis: *Asaf.* 2c. BELL. Necrosis of tendon, dark discoloration: *Lachesis* 2c and 41m. BELL.

A case of month's duration with a shoemaker, phalanx of thumb necrotic, improved soon and got well, while smelling at every aggravation of pain: *Sil.* or *Hepar* in alternation. C. HG.

Chenopodium bonus Henricus; Blue water flagroot; Juncus effusus; Juncus pilosus, popular remedies in felons.

ATROPIA IN OPIUM POISONING.—Dr. Daniel S. Bucklin, Lansingburg, N. Y. (*N. Y. Medical Journal*) records two cases of opium poisoning, successfully treated by atropia. He ordered Fleming's solution of atropia in ten minim (20 drops) doses.

News Items.

THE INTERNATIONAL MEDICAL CONGRESS has met this year in Vienna. The session commenced on Sept. 1, with a speech by the Archduke Rainer, in which His Imperial Highness welcomed the visitors to Vienna. The chair was taken by professor Rokitansky as president, who delivered an address. Special discussions afterwards took place on subjects of sanitary and general professional interest, viz.: vaccination, the prevention of syphilis and the control of prostitution; quarantine in general, and in its application to cholera; the formation of an international pharmacopœia; the drainage of

towns; and the social position of the medical profession. It is somewhat remarkable in the constitution of this congress that, though it bore the name of international, and several of its members were accredited to it by the governments and learned societies of their respective countries, there appears to have been a deficiency of representatives from some countries—notably England and Sweden. The next meeting is to be held in Brussels in 1875.

DR. FR. ERMAN (*Berliner Klinische Wochenschrift*, Aug. 25, 1873), gives the results of temperature observations in about thirty cases of cholera recently admitted into the general hospital at Hamburg. The results are very remarkable, in so far as they show in the majority of cases a febrile elevation of temperature during the stage of collapse. In the first twenty-five cases admitted, all without exception presented an elevation of temperature, ranging in different cases from 38 to 40, and even 42 Centigrade, that is, from 100.4 to 107.6 Fahr.

THE oldest lunatic asylum in America is at Williamsburgh, Va. It was opened October 12, 1773. There is but one institution of the kind in Europe older than this.

DURING the late war Dr. ——, entering the hospital surgery, met Paddy Doyle, the orderly, and asked him which he considered the most dangerous of the many cases then in the hospital. "That, sir," said Paddy, as, with an indicative jerk of the thumb, he pointed to where, on the table, lay a case of surgical instruments.

A FINE property in Chester Co., Penn., for sale cheap, on easy terms. Has been occupied by physicans for forty years. A first rate opportunity for a Homœopathic Physician; none other within a radius of six miles. For further particulars, call on or address W. B. NEWLIN, Room 34, Trinity Building, New York city.

YELLOW FEVER.—Shreveport, La., in the latter part of August, was visited with a malignant type of yellow fever. The place was destitute of sanitary regulations, and its spread was very rapid. On the 19th Sept. the population, by deaths and removals, had been reduced from 5,000 to 3,000, and of this number it was estimated 1,000 were sick or convalescent. Telegraph operators had all died, and their places, as well as physicians and nurses, had to be supplied from New Orleans. The disease is now decreasing from lack of material. On Sept. 14, the Board of Health of Memphis announced that the disease was in that city. The authorities commenced burning coal tar in the infected locality on the following day. The disease is of a milder type than in Shreveport.

THE MICHIGAN UNIVERSITY has matriculated eighty-eight girls for the coming year, thirty-seven of them being in the medical department.

VOLTAIRE'S DEFINITION OF A PHYSICIAN is "An unfortunate gentleman expected every day to perform a miracle, namely, to reconcile health with intemperance."

DR. AUGUSTE NELATON.—Dr. Nélaton, the celebrated French surgeon, died recently in Paris, at the age of eighty-seven years. He was distinguished as a writer and teacher, and was created successively, Surgeon of the Hospitals, Fellow of the Faculty of Medicine, Professor of Clinical Surgery, and Honorary Professor. He was appointed Surgeon to the Emperor in 1866, Grand Officer of the Legion of Honor in 1867, and Senator in 1868. The various treatises he has written have been considered standard authorities upon the subjects of which they treated. The Nélaton probe was constructed to find the bullet in the foot of Garibaldi, after the battle of Aspromonte. Contrary to the opinions of the most eminent surgeons of England and France, he insisted that the bullet was in the foot, and with this probe discovered its locality, from whence it was removed by an operation.

MEDICAL CONGRESS AT VIENNA.—At the Medical Congress recently held, at which representatives from almost every country in Europe, as well as the United States, were present, the subject of vaccination formed an important topic of discussion. Dr. Neuman stated that in small-pox epidemics mortality is notoriously five times greater with those who have not been vaccinated than with those who have been vaccinated. During the last epidemic in Berlin, forty per cent. of the non-vaccinated, and two of the vaccinated, died.

The following resolution, introduced by Professor Hebra, was passed, one hundred and fifty-five out of one hundred and sixty-two ballots being in the affirmative:

"The third International Medical Congress declares the cow-pox vaccination necessary, and recommends to the respective governments the introduction of obligatory vaccination."

DR. OTTO OBERMIER.—The Berlin medical journals record the death of Dr. Obermier, of cholera, at the age of thirty-one. Within the last few months he published some interesting researches in the blood of typhus fever, and when seized with his fatal illness was engaged in researches on cholera. Having too great confidence in his power of resisting infection, in consequence of not having taken fever during his investigations of that disease, he kept in his bedroom pathological specimens taken from persons who had died from cholera, and it is believed that in this way he became infected. According to one account, he injected some blood from cholera patients into his own veins. He was so devoted to his enquiry that after he had become aware of the condition in which he was, he made some microscopic examinations of his own blood. A like courage displayed on the battle field, in the destruction of human life instead of its salvation, would have immortalized him as one of the heroes which history loves to honor.

PROFESSOR GEGENBAUER, of Jena, the well-known comparative anatomist, has been nominated Professor of Anatomy, and Director of the Anatomical Institute in the University of Heidelberg.

M. LEBARRE has made the discovery that hydrogen is not an element, but consists of two elements, one of which is nine times as light as hydrogen. The new element is called abaron, that is, the weightless. It will not burn, extinguishes flames, and is without odor, taste, or color. The discoverer recently explained his discovery, and the experiments by which he had eliminated it, to the Academy of Sciences, Paris, in secret session.

Original Articles.

PUERPERAL CONVULSIONS.

By Egbert Guernsey, M. D.

It is seldom the sympathies of the physician are so strongly enlisted as in those fearful convulsions which occur during the last months of pregnancy, and in the process of and shortly following labor. The utterly helpless condition of his patient, and the fact that the convulsions are the result of the changes which have taken place in her blood, and their effect upon the nerve centres, through the growth of the child or the shock upon the nervous system attending its birth, invests the case with the gravest responsibilities, and call into action all the skill and sympathy of the attending physician.

Females are particularly liable to convulsions, owing to their delicate organizations, and highly impressible nervous temperaments at different stages of their lives. Convulsions in infancy, where they do not arise from any organic changes in the physical structure, but are due more particularly to an excitable nervous temperament, or reflex action, notwithstanding, they are common to both sexes, are much more frequent among females. Again, as the child passes through the stage of puberty, and emerges from childhood into womanhood, there is often a strong tendency to convulsions, which may last during the entire period of menstruation. The severe menstrual pains, the result, sometimes, of deranged circulation, acting upon a highly impressible and easily excited nervous organization, are enough in many cases to produce more or less severe convulsions. This excitable condition of the nervous system may give rise during pregnancy, and at the time of labor, to hysterical convulsions, or even where there has been a tendency to epilepsy, that trouble may be developed; but these cases are easily diagnosed, and generally amenable to treatment and need create but little alarm.

It is to those graver forms of convulsions occurring during the last months of pregnancy, and during, and shortly after labor, to which the name of *eclampsia* has been given, that our attention will be directed in this article.

We must, at starting, take into consideration the change which in a greater or less degree must take place in the circulation and the nutrition of the mother during the development of this new life and the growth in all its parts, absorbing the material from the mother of this new and complete physical organization—this life within a life; the one drawing its support and strength from the other. Thus the heart, to supply the uterus and the rapidly growing embryo, is obliged to beat more powerfully and with greater frequency, producing, for the time, a normal hypertrophy. There is an altered condition also in the blood itself, indicated by the decrease of the red globules, the increase of the white globules and an excess of fibrin and water; and in connection with this an increased amount of material to be excreted, so that often the liver and kidneys are taxed beyond their power. The uterus, also, as it increases in size, may press upon the larger blood-vessels in such a way as to produce more or less nephritic trouble. Thus we have, all conspiring to produce albuminuria, the altered condition of the blood, the increased action of the heart, the overtaxed liver and kidneys, and lastly, the nephritic congestion produced by mechanical causes.

In no case, except, perhaps, following scarlatina and diphtheria, does albuminuria advance so rapidly, and we can trace its successive stages so clearly, as in pregnancy. The question naturally arises if the convulsions are due solely to albuminuria, why do they occur so much more frequently in pregnancy than in scarlatina, diphtheria, and acute Bright's disease, when the albuminuria is often greater? The primary cause is undoubtedly a failure of the kidneys to perform their normal functions, and the consequent accumulation in the system of the poisonous elements which would otherwise be eliminated by the urine. This poisonous agent, undoubtedly, whatever it may be, acts upon the cerebro-spinal centres, increasing the irritability of the nervous system, and rendering the patient liable to convulsions. Very slight causes where this poisoned condition of the blood exists may arouse the dormant energies of the cerebro-spinal axis to such an extent as to produce convulsions. Thus, in this condition, the patient is constantly threatened with premature labor or eclampsia.

Early investigators attributed the symptoms of uremia to retained urea. Some years ago, Frerichs brought forward the opinion that as he was unable to demonstrate the presence of urea in the blood, the urea was probably converted into carbonate of ammonia, and as such, exerted its deleterious influence. Halbertsmer believes that eclampsia is generally caused by retention of some of the constituents of the urine, and this retention is due not always to primary disease of the kidneys, for recent post-mortem examinations show cases where the kidneys were not diseased at all, but to the pressure of the uterus upon the ureters.

Still later, Traube has given an explanation which has excited considerable attention. He believes that the loss of albumen leaves the blood-serum in such an impoverished condition that there is a tendency to transude, and in consequence of hypertrophy of the left ventricle of the heart, the blood-pressure in the arterial system is increased. When, as the trouble progresses, the density of the blood-serum is still further diminished and the blood-pressure suddenly increased, bloody serum transudes through the small arteries, and œdema of the brain is the result. The capillaries and veins are compressed and the brain becomes correspondingly anæmic. If the cerebrum alone is involved, coma appears; if the pons variola and medulla oblongata alone, convulsions; if both together be affected we get both coma and convulsions. Usually, the case commences with convulsions, passing speedily into coma, which becomes profound, or is only broken by the returning convulsion. Oppler, from careful experiments, believes that urea is formed in the kidneys from the nitrogenous materials in the blood, and that the uremic conditions depend upon the accumulation in the blood of creatin and creatinin. These experiments have been confirmed by many other investigators. Oppler also states that there is a retention of muscle-waste in cases of uremia, and thought that there might be also a retention of the products of

the nerve-waste, to which might be ascribed the symptoms. What, then, are the causes, as nearly as can be ascertained by the most careful experiments and physiological investigations, of puerperal convulsions?

Accumulated irritability of the nervous centres, the product of the altered state of nutrition induced in them by pregnancy. This change in the altered state of the blood is induced by a partial arrest of the urinary secretion, so that the urea is retained in the circulation. Careful analysis shows that urea is the only poisonous ingredient in the urine, and that it is the united product of all nitrogenized effete matter, and experiments show that when introduced into the blood of animals it acts as a narcotic poison, producing all the symptoms of uremia. Whatever the cause, then, of the formation of the poison, we are convinced that it has much to do with the grave symptoms which we see developed in uremia. Acting primarily upon the cerebro-spinal centres, it so interferes with the functions of organic life as to produce the œdema of the brain and those structural changes we detect in this disease.

In diagnosing this terrible disease, we have four points to take into careful consideration. Either of the three first conditions may exist in pregnancy and labor, and the last immediately following labor: 1.—Hysteria. 2.—Epilepsy. 3.—Eclampsia. 4.—Embolism.

1. It is not always easy to distinguish a paroxysm of hysteria from one of epilepsy, yet to the careful observer there are well-marked points of difference to ensure a correct diagnosis. In hysteria, the loss of consciousness is gradual and apparent, or only partial. In epilepsy, it is sudden and complete. In hysteria there is no froth on the lips, the eyelids are closed and the eyeballs are fixed; there is no grinding of the teeth and biting of the tongue, and the pupils react. In epilepsy there is an escape of frothy saliva from the mouth, the eyelids are half open and the eyeballs rolling, there is grinding of the teeth, biting of the tongue and insensibility of the pupils to light.

The case once accurately diagnosed, the subsequent treatment is simple. First, the removal of every cause, except, of course, the pregnant condition itself, which would have a tendency to excite the nervous system. A careful study of the food and particular attention to the bowels are, of course, requisite. Exercise in the open air, pleasant and cheerful society, and all those external surroundings which would have a tendency to equalize the nervous system, are essential.

Some years since, I attended a lady in confinement with her third child. She was not generally of a very nervous temperament, but at this time her nervous strength had been taxed by sickness of her children and the inefficiency of servants. On the third day she was attacked with a violent convulsion, which had passed over, however, when I saw her. As near as I could make out, from her husband, the symptoms were those of an epileptic character, but her previous history showed no trace of this disease. A careful examination of her water showed an abundance of phosphates but no trace of albumen. The attack was, undoubtedly, one of hysteria, brought on by nervous excitement acting upon a nervous system weakened by worry and fatigue. I placed her upon the use of phosphoric acid as a nerve food, giving her fifteen drops of the dilute three times a day, and of zizia. The next day she had another slight convulsion, from which time the convalescence progressed rapidly and favorably, the action of the zizia being very apparent in quieting the nervous system. And, in this connection, I have one word to say in reference to this, by some much-vaunted drug in eclampsia. In my hands, and I have given it a pretty fair test, it is entirely useless in that disease, and only of benefit in the hysterical forms of trouble, where its action is often exceedingly brilliant. Among the other remedies are—Nux., Ignatia, Platina, Pulsatilla, Assafœtida, etc.

2. *Epilepsy.*—Epileptic and uremic convulsions so much resemble each other that it is sometimes difficult to distinguish them except by taking into consideration the previous history of the case and a careful examination of the urine. The excitement of labor, the intense agony of delivery, will sometimes produce a distinct epileptic convulsion, even when there has been no previous attack. In epilepsy one side is more convulsed than the other, while in uremia both sides are alike convulsed. Following an epileptic attack, there is deep sleep, from which the patient can be aroused, but the uremic paroxysm is followed by deep coma, and the first attack is generally speedily followed by a second and a third. With these differential symptoms, together with the previous history of the case, and a careful examination of the urine, the physician is able to reach a correct diagnosis.

CASE 1.—I was summoned in great haste to see a lady in her seventh month, and as I was told, in violent convulsions. Owing to her extreme nervous temperament and her liability to convulsions, I had watched the progress of this, her first pregnancy, with a great deal of care. The day before, I had carefully examined her water, and found in it nothing abnormal. The existing cause, it seemed to me, was the stomach; and learning she had just taken a large dish of oysters, as soon as she was able to swallow I gave her a glass of tepid water with a little dash of mustard in it. In a few moments a large quantity of oysters were thrown up, and the trouble was over. She said, in eating the oysters she thought they were not very fresh. She reached her full time without any further trouble. The labor was natural and progressed finely, but bearing in mind her previous history I thought it best to go to my office for my forceps in anticipation of any trouble. I was not absent more than fifteen minutes, but when I returned I found her violently convulsed. I at once applied the forceps, and as soon as the after-birth were delivered all convulsive movements ceased, and she made a rapid recovery.

CASE 2.—On reaching my office late one afternoon, I found a message left two hours before, to come at once to Mrs. L., who was in convulsions. My nephew, Dr. Wm. N. Guernsey, was in the office a few moments after the message was left, and hastened at once to the house. He found the patient at full time, violently convulsed, and as shown by an examination, in labor. Ascertaining from inquiry her previous liability to convulsions, noticing the absence of œdema, he at once diagnosed the case as epilepsy induced by labor, and immediately proceeded to expedite the delivery of the child. Quieting the spasms with chloroform, he ruptured the membrane, and by the continued pressure of his fingers proceeded to dilate the partially rigid os. When this was sufficiently accom-

plished to introduce the blades of the forceps, the patient was brought completely under the influence of chloroform and the child safely delivered. When I reached the house I found the child in the nurse's arms and the mother coming back to consciousness. She made a speedy recovery. Thanks to the quickness of diagnosis and prompt action, the life of the child, and possibly that of the mother also, was saved.

3. *Eclampsia.*—As I have said, an attack of eclampsia resembles closely, in its immediate symptoms, epilepsy; but it is generally preceded by well-marked symptoms, such as œdema, usually of the extremities and sometimes of the whole body, headache, dizziness, impaired vision and a great desire to sleep. Examination of the urine now reveals well-marked albuminuria, and admonishes the physician of the danger ahead. When the attack comes on in light cases, it may be confined to a single convulsion, followed by a period of insensibility; or, if the elimination of the poison by the kidneys has been interrupted to such an extent that a large amount of urea is retained in the circulation, one convulsion follows another with more or less rapidity, the insensibility becoming more or less profound, until the patient passes into complete coma. The pulse during the convulsions is accelerated and the thermometer frequently marks 107. Uremic coma sometimes comes on almost from the first, but usually not until later on in the attack. As it develops itself, you notice the heavy stertorous breathing, the respirations generally becoming slow and labored; the pupil is dilated and takes no impression of the bright light flashed before it; the pulse loses its firmness, and the temperature, with the waning vitality, sinks below its normal standard. Uremic coma may be distinguished from cerebral apoplexy by the absence of paralysis, which in the latter sets in with the convulsions in the form of facial paralysis and hemiplegia, the coma preceding the convulsive attack. In poisoning from opium the temperature at once sinks below the normal standard, while in uremic coma it is at first above one hundred, and not until the last, as vitality is diminished, sinks below the natural condition.

The setting in of labor may be the immediate cause of convulsions. The nerve centres, already feeling the effect of the uremic poison, may be excited into activity by uterine action. We often notice the first fit following the dilation of the cervix. After a fit there is a period of calm, marked usually by more or less coma. Presently, we see indications of another convulsion; placing the hand over the womb we can feel it contracting, showing that the contraction of the womb excites the convulsion.

At other times, and more frequently, the convulsions precede labor, the labor being induced by the circulation of blood charged with excess of carbonic acid. Such blood Brown-Sequard has shown to be a direct stimulant of muscular action. I have often noticed the os, rigid at the first attack, gradually relax as one convulsion followed another, and the womb give evidence, as the hand was placed over the abdomen, of strong contraction.

Treatment.—We pass now to the consideration of the treatment; and here we shall always do well to bear in mind the cause and pathology of the disease. I think it is safe to lay down the rule that where well-marked eclampsia occurs in the latter part of pregnancy, as it almost always does if it occurs at all, to bring on labor promptly and deliver the fœtus. The patient might, it is true, pass on to the full term and be delivered in safety, but in nineteen cases out of twenty, either before or at the full term, convulsions would again return with such violence as to render all effort at relief unavailing. If there is evidence of much uremic poisoning, the patient should be placed under chloroform, and if the convulsions follow each other in rapid succession, and the danger is imminent, the delivery should be hastened by mechanical dilatation, and the use of the forceps. Sometimes opium acts better than chloroform, and its effects are usually followed by speedy delivery. On the theory of Traube, some writers have recommended venesection, believing a sudden depletion of the vascular system, by which the pressure is diminished, must stop the attacks. But experience shows us that even upon this theory blood-letting is not by any means a sure remedy, for in a short time after venesection the *quantity* of blood becomes the same through the serum taken from all the tissues, but the *quality* is greatly deteriorated. In light cases this sudden lifting of the pressure may produce relief; but when the violent convulsions show severe uremic poisoning, the probabilities are, with the return of that pressure, which must be in a short time, the attacks will return with more danger to the patient, because the quality of blood has been deteriorated by abstraction, and the strength of the patient wasted. In our treatment the attention, as I have said, should be directed to the cause of the trouble: the failure of the kidneys and skin to eliminate the poison, and its peculiar action upon the nerve centres. That class of diuretics which have a tendency to directly stimulate the kidneys are, of course, in their present condition, not admissible. But in our school we have a class of remedies which, acting powerfully, though not with violence, upon the nerve centres, rouse into action the venous and arterial capillaries, and the great excreting organs—the skin, the kidneys and liver—facilitating the elimination of poison with more certainty than those violent remedies whose force is soon spent, and if not successful leave the system in a worse condition than before. Among the remedies most used in our school, some of which we shall speak of in our clinical cases, we may mention *Opium*, *Belladonna*, *Apis*, *Digitalis*, *Aconite*, and *Arsenicum*, *Mercurius*, and *Hellonias*.

The action of chloroform is, we think, merely palliative, but in the early stages it moderates the paroxysms, giving us time for the employment of more certain curative agents. Dr. Roberts says that during the convulsive paroxysm, chloroform inhalation is the most prompt and ready means of controlling the spasm; when, however, uremic paroxysms begin with drowsiness and gradually pass on to insensibility, or when convulsions occur as breaks in a continually comatose condition, chloroform affords no prospect of relief. This statement coincides with our own experience. The length of this article admonishes us that we must speedily draw it to a close, which we shall do after narrating a few clinical cases illustrating the various phases of the disease.

CASE 1.—Mrs. C——, after the birth of her first child, residing in the country, had a severe attack of rheumatism, which left its traces in organic troubles of the heart. I was sent for in the seventh

month of pregnancy and found a general dropsical condition, oppressed breathing, impaired vision, dizziness, and constant desire to sleep. The urine was heavily loaded with albumen. The case seemed so urgent, that I ordered the bowels to be opened with an enema preparatory to bringing on labor. Returning in half an hour, I found her in a convulsion and labor already commenced. I proceeded to rupture the membranes, and, administering chloroform, the labor was speedily and safely accomplished by the birth of a living child. There was no return of the paroxysm, and under the use of Digitalis and Mercurius, and afterward of Arsenicum, the trouble soon disappeared. The child was given to a wet nurse and did well. Two years after, at the seventh month, under similar circumstances, I again brought on labor with like results. The Digitalis was given in eight or ten drop doses, or one-fourth to one-third of a grain of the powdered drug.

CASE 2.—Mrs. F——, at the sixth month, was seized with a severe convulsion. The urine was highly albuminous. Hoping to carry her along until the seventh month, so as to give a chance of saving the child, after the convulsion (of which there was but one) had subsided, the dizziness, the impaired vision, and those general symptoms of uremic poisoning, were treated with the appropriate remedies with apparent good results; but one month after, she was seized with a violent convulsion in her carriage. When I reached her, I found the deep coma into which she sunk was only broken by paroxysms of intense and fearful violence. Steps were immediately taken to bring on delivery as speedily as possible. The danger seemed so imminent that I requested that my friend Dr. Carnochan might be called in consultation. In four hours from the attack, we delivered her of a dead fœtus, and in one hour after she was dead. From the first attack until the struggling, convulsed limbs were still in death, there was not one single gleam of consciousness. As I left the chamber of death and the sad hearts gathered there, and went out into the dark night, over my own soul swept the crushing thought, "Perhaps, if one month ago you had delivered that child, the young mother now sleeping in death might have been saved."

CASE 3.—Several years since, I was called by Dr. L. T. Warner, at that time associated in practice with Dr. John F. Gray, at about five o'clock in the morning, to assist him in a case of puerperal convulsions. The patient was in her eighth month, and about three o'clock had roused her husband by clutching him by the arm, and then passed off into a convulsion. There was general anasarca, and the water showed a large amount of albumen. At no time was there a return of consciousness, the convulsions following each other in rapid succession, but were at first very much controlled in severity by chloroform. At about seven, Dr. Gray bled her freely, hoping thereby to relieve the pressure upon the brain. For an hour, perhaps, there was some relief, but then the attacks returned with increased violence. Under the influence of the convulsions intense contractions had already commenced, and both Dr. Warner and myself felt the necessity of expediting delivery as rapidly as possible. At eight Dr. Warner was obliged to leave, to fulfill an important engagement out of town, and the case was left in my hands. She was now unable to take anything by the mouth, and the convulsions were only slightly controlled by chloroform. In a few hours the womb was sufficiently dilated to introduce the forceps, and she was delivered of a dead child. Almost immediately the severity of the convulsions began to subside, and by evening ceased entirely, after having had thirty-nine from the commencement of the attack. The next morning there was a partial return of consciousness, and in a few days, under the influence of careful nursing and the use, as indicated, of *Opium*, *Arsenicum*, and *Digitalis*, all danger was over.

CASE 4.—As I was about leaving my office for my morning rounds, I received a telegram from a friend in a neighboring town, to come up in the two o'clock train, to see a lady very sick. I replied I could not come until evening, and did not reach the place until seven o'clock. My friend met me at the depot, with the information I was too late, as the lady was dying. I found her with flushed face, heavy stertorous breathing, and the pupils entirely insensible to light. The convulsions were violent and her pulse weak; she was unable to swallow, and the attending physician said that chloroform had ceased to be of any benefit. There was evidence of slight uterine contraction. I proceeded to rupture the membranes, and then with my fingers commenced mechanical dilatation. By nine o'clock I had so far succeeded as to be able to introduce a small pair of long forceps, and after a good deal of effort bringing away the fœtus. The convulsions now rapidly subsided, and in the morning there was a partial return of consciousness. I was informed by the attending physician that her recovery was slow, but at length complete. One year after, I saw her death in the paper, and learned she had died in her second confinement in uremic convulsions.

CASE 5.—Mrs. M——, sixth month, urine highly albuminous, and convulsions of great violence. Labor had already commenced, but the convulsions were so violent in their character as to lead me to fear the immediate result. Chloroform seemed to increase the violence of the attack, and I determined to administer Morphine hyperdermically. A quarter of a grain was injected into the arm. In a few moments the breathing became heavier; but this gradually quieted, so that in half an hour she was breathing quietly and easily, and the skin had become moist. In an hour's time I drew off with the catheter quite a quantity of water, showing the kidneys were acting more freely. An hour and a-half after the injection, fearing a return of the convulsions, I again injected a quarter of a grain of Morphine. She remained quiet for four hours, when labor returned naturally and with considerable strength. There was no return of the paroxysms and the labor was completed in an hour. Under the use of *Apis* and Arsenicum, the dropsy speedily subsided and the urine became normal.

I presume, no one has witnessed a severe attack of eclampsia without recognizing in the appearance of the patient a picture of Opium poisoning, especially after it has passed into the stage of coma. According to the law of *similia*, Opium ought to produce relief, and because it does not more frequently do so is, perhaps, owing to the fact that it is not generally given in sufficient strength to produce its homœopathic action. Like Quinine, in intermittent fever, given in minute doses, it is overmastered by the poison, but its homœopathic action is fully shown in doses of from one to two grains.

Many, carrying out the idea of Freish that the urea is decomposed into ammonia—which, we think is by no means fully proven—give, to produce a chemical action, the vegetable acids, especially the acids of lemons and limes. These acids often produce relief in ordinary forms of albuminuria; but with us they have failed, where the uremic poisoning has produced convulsions.

From the few cases of eclampsia in which we have used Opium, in decided doses, and from the experience of others, we are inclined to believe that this remedy is destined to play an important part in the treatment of puerperal convulsions.

Embolism.—But one point more remains to be noticed before concluding this article, already, perhaps, too long. During labor there is almost always some abrasion, some point from which a small clot or particle of fibrin can be taken up, and swept along by the circulation until it reaches the brain, causing apoplexy. Thus, the patient may be doing well, with not a single unpleasant symptom, when suddenly you are startled by a violent apoplectic attack, for which we have but little power to afford relief.

Case 1.—A lady with her first child passed through a labor of only ordinary severity, in which there was even less than the usual amount of hemorrhage, with unusual strength and courage. Nearly an hour had passed, and she was watching, with a pleasant smile, the dressing of her child, when I was startled by the contortion of her face and violent apoplectic seizure. Almost immediately came on the heavy stertorous breathing, the coma growing each moment more profound, until, in an hour's time, she breathed her last. There was no albuminuria, no uremic poisoning, and the labor had not been sufficiently violent to produce any severe nervous shock. It was simply a case of embolism, from which no human foresight could have guarded her.

I have thus glanced at the different forms of puerperal convulsions, illustrating them by my own experience in cases drawn from practice.

HAMAMELIS IN SECONDARY CEREBRAL HYPERÆMIA.

By Frank A. Rockwith, M. D.

Mrs. Scl——l, æt. 24; wife of a farmer; a blonde, bodily well-developed, had been married two years without pregnancy; had also been exceedingly irregular in her catamenia, often going six to seven months without the slightest indication of a menstrual state. When menstruating, however, she was rather free, but lasting rarely over two days. Leucorrhœa had only been noticed after marriage. A satisfactory anamnesis was almost impossible to gather, owing to the low social and educational character of the family. She had been sick eight weeks, and had been attended by a German physician of high repute, and, in fact, a quasi oracle among the members of the local medical society (old school). I could gather just sufficient to know that he had treated her for malarious fever complicated by pregnancy, and, judging from the remnant of divers lots of medicines still on the table, had given opiates as palliatives and quinine as a tonic; an unused fly blister, intended for the spine, was also among the collection.

Having been their family physician some eleven years ago, I was again called in as a kind of *dernier resort.*

A very extensive varicose condition of both the lower extremities, extending upward to the crest of the ilium, and forward upon the lower part of the abdomen, also across the lumbo-sacral regions, led me to examine the areola of the breasts in search of evidences for a previous or present pregnancy. The mammæ, although large, were flabby, and presented the anomaly of merely rudimentary nipples. Slight but well-marked axillary varicosis existed. Her menses had now been suppressed for over four months, yet neither abdominal taxis nor the above areolar inspection justified the suspicion of gestation.

The whole body was in a state of progressive emaciation, with surface heat, flushed cheeks, glassy and expressionless eyes, and dilated pupils.

The pulse was small, quick, and easily compressed; the temperature in the flexed popliteal space was 98°; in the closed palm of the hand, 95°; in the axilla, 100°; in the inside of the cheek, 100°. There existed also great tenderness to pressure along the full extent of the dorsal vertebræ, the pain from handling lasting for a considerable time after. The ophthalmoscope revealed a retina resembling No. 62, plate xiii, of "Jaeger's Ophthalmoscop. Hand-Atlas," except that I perceived in the central vessels the veins more tortuous and the capillaries more prominent, thus giving to the retina a darker tint than in the case above, or than is generally found in blue eyes.

The macula lutea was perhaps more prominent, although of a more greenish hue. There was also traceable the beginning of a greenish dark radiation in place of the granular bottom of normal eyes. (In psychosis I usually disregard visional examinations and examine the plastic or graphic changes of the inner eye merely as a diagnostic adjuvant.)

In this somatic investigation I omitted examining the urine from obvious reasons: First, because the quantity, color, and general character of that which I saw offered nothing sufficiently remarkable; and, secondly, even though a slight quantity of albumen should have been present it would not have been of material importance in this form of psychosis, nor could a uremic condition exist because of the evidently secondary character of the cerebral hyperæmia.

The physical manifestations had been a religious mania in alternation with outbursts of hilarities, in which the lascivious expression was prominently characteristic. Again, there had been fits of anger against a much-petted brother, whose soul she thought hopelessly sold to the devil. She was much inclined to pray, which spells were particularly worse after a visit from the over-pious Lutheran domine, who himself believed in the demoniacal possession of the insane. She was inclined to run away and to change her residence. She was at this time at the house of her mother, some eight miles distant from her own home.

The maniacal paroxysms were intermittent, but irregular in duration, with lucid intervals, equally uncertain in length. When rational, her conversation was always attended with semi-idiotic or imbecile laughter, which made it difficult to understand

her. Her answers were even then vulgar, exaggerated, boisterous, and not unmixed with cunning. A peculiar leering *visus sardonicus* was always present, even in repose. But at no time did she fail to recognize her relatives, friends, or the doctor and his mission.

I felt satisfied from general conversation regarding the past, that there had preceded this final outburst a *status melancholicus*, that is, a primary psychosis from strictly cerebral hyperæmia, and that at this time I found the patient in that peculiar transition of the hyperæmia into the anæmic condition of the brain.

Already the symptoms of brightened muscular activity, of general mental exaltation and the utter disregard of consequences, foretold the approaching secondary stage of insanity, and also the prognostic signs of a paralytic termination and of hopeless dementia.

I had here a pretty mess of "key-notes," with plenty of symptoms to choose from *ad libitum*, and a materia medica abundantly liberal, with a "curative agent." But as I was already sufficiently deep in the mud of our boastful materia medica, what else was I to do but fall back upon pathology, so much decried and yet so little appreciated by the symptomatologists of our school.

Was not the varicosis the sole and only prominent type of the disease, and is not varicosis a mighty cause for arterial inturgescence? Hence secondary cerebral hyperæmia, which in this case had its highest culmination in the dorso-vertebral congestion.

All that the low intelligence of the patient could give me was unreliable, and hence how to select a remedy, *à la* Guernsey's key-notes, I could not well perceive. Clinical results alone urged upon me the remedy Hamamelis.

Yet all the general symptoms for which Hamamelis has proved curative were missing. We had no hemorrhages, and hence the key-note that "small wounds bleed freely" was worthless. Neither had there ever existed hemorrhoids, or even constipation. Nor had we confessed head symptoms, such as "a crowding fullness in the head," nor "tightness of the bridge of the nose," etc., nor "pricking pains, increased by pressure."

The assertion of a prover that it has caused in him "loftiness of thought and sublimeness of conception so as to enable him (an artist) to finish a sacred historical work of high aim," was neither *verbatim* nor *pe se* of the least influence in my diagnosis.

I gave her *five-drop doses of a saturated tincture*, made by myself from leaves gathered in New Jersey, every four hours at first, finally every three, and lastly every six hours.

I ordered a generous nitrogenous diet, light German wine, and lukewarm sponge baths daily. After a week the husband reported to me *increasing fullness of the varicose blood-vessels*, and general mental improvement without recurring paroxysms, sound sleep, and total absence of feverishness.

In the fifth week he reported return of menses lasting over four days.

Some weeks later, great falling out of the hair, but increasing strength and health.

The great fullness of the varicosed vessels, however, continues; so that the question arises whether this cure of the mental and cerebral symptoms is likely to prove permanent, or whether, at some future day, phthisis will not take the place of the previous brain conditions.

I have used Hamamelis in the case of *old persons* when cardiac stagnation justified the suspicion of venous inactivity, with happy results. In the case of a lady in the seventies, with loss of consciousness, muttering delirium, with anasthesia in injured parts from a fall, the conditions having lasted for several days, Hamamelis gave very ready relief.

East Saginaw, Mich.

OBSERVATIONS ON THE TREATMENT OF COLLES' FRACTURE.

By J. F. Oaks, M. D.

There is no single point of the human skeleton so frequently the subject of fractures as the lower end of the radius, except the fracture on the middle of the clavicle. This fracture has attracted the attention of many illustrious surgeons, among whom are Dupuytren, Malgaigne, Voillénier, Goyrand, Diday, Ponteau, Colles, R. W. Smith, of Dublin, Dr. Bond, and, later, Dr. E. M. Moore.

To Dr. Moore is due the honor of giving us the true pathology of this fracture, and a method of treatment which results in perfect recovery of the fracture of the hand.

According to Gross, the result of "treatment is imperfect recovery of the functions of the hand."

Holmes, in his admirable work on surgery (vide page 799, vol. ii), says: "I have found but little difference in the results of the treatment by the straight or pistol-shaped splint. There often remains a swelling on the front of the wrist caused by an indurated condition of the sheaths of the tendons."

Now, Prof. Moore has demonstrated, on the strength of a post-mortem made under very peculiar circumstances, that the above deformity and swelling at the front of the wrist is due to a luxation of the ulna—which has escaped the notice of his colleagues—and that by the reduction of this luxation, and consequent treatment of the complicated fracture of the radius, the result is a perfect recovery of all the functions of the hand.

In May, 1869, while an interne at St. Mary's Hospital, Rochester, N. Y., a female patient, in a paroxysm of insanity, threw herself from the window of the third story, striking on the ground with both hands, producing double Colles' fracture, and sustained other injuries from which she died in twenty minutes. Dr. E. M. Moore, the surgeon of St. Mary's Hospital, made a post-mortem examination with a view of elucidating the pathology of this fracture, which had perplexed so many, and is causing so much discomfort to the large number of victims of this accident.

For the details of this post-mortem examination I refer the reader to the able article of Prof. Moore in the *Medical Record* of 1871, vol. v, page 49.

I will only give a *resumé* of that unique post-mortem. The shortening of the radius and the bending of the hand to the radial side of the fore-arm was due to the lower fragment being carried back over the radius, turned toward a rectangular position and not to impaction.

The swelling on the front of the wrist, and the gradual sloping off toward the ulna, is due to a

luxation of the ulna. The internal lateral ligament and the triangular fibro-cartilage are usually ruptured, and when this occurs the posterior annular ligament is slipped over the head of the ulna and caught by the styloid process, which brings and holds the point to the pisiform bone.

By the above *resumé* it is clear to my reader that we have to deal with a luxation—which is the most important—and, secondarily, a fracture. Now, on the correct diagnosis of this luxation depends a successful treatment of an injury at the wrist-joint.

In "Holmes' Surgery," page 798, vol. ii, we find the following: "The symptoms of this injury are so pronounced that it may almost always be recognized at first sight."

Again, on the same page, "It is frequently months before the hand is free from pain and regains the proper motions, and, too often, an unsightly, crooked, and permanently stiff wrist remains, to the great inconvenience of the patient and the annoyance of the surgeon."

Why should there be so much deformity if a correct diagnosis has been made?

It is said it is due to induration of the sheaths of the tendons, etc.

No, it is due to the willful ignorance and selfishness of the surgeon.

He will not, or cares not to accept or analyze the experience of his colleagues, when he is well aware that the results of his treatment are very unsatisfactory.

Prof. Hamilton's success coincides with those of Gross and Holmes, and many others; yet, in the new editions of "Gross' Surgery," and "Hamilton on Fracture and Dislocation," there is hardly an allusion made to the array of cases so successfully treated by my friend and teacher, Prof. Moore. The number of cases exceed forty, which have been successfully treated by him; and I can attest to thirteen while an interne at St. Mary's Hospital, in which cases recovery was as perfect as in fractures at the middle of the tibia.

It has been my good fortune to treat three cases at the Brooklyn Homœopathic Dispensary with the same result—perfect recovery of the functions of the hand.

Diagnosis.—The most frequent cause of this injury is a force directly applied to the palmar surface of the hand by a fall or otherwise. If there be an arrest of the force before ligamentous rupture, the difficulty is one of simple (or multiple) fracture of the radius without the complication of ulnar luxation.

But a force competent to fracture the radius, if not expended, will generally be able to rupture the internal lateral ligament and triangular fibro-cartilage, displacement of the ulna ensuing: and, if this force be continued, we way have the next step, which is a compound luxation, the ulna having been forced through the integument.

Of this last variety I have seen one case. It occurred in Kimball's tobacco factory, Rochester. The patient was a young lady, an employee, who was standing near the press, with her elbow resting on the table.

By some accident, the weight became unfastened, and descended, striking her palm, producing fracture of radius and compound luxation of the ulna. The styloid process showed the site of the attachment of the internal lateral ligament, which had been torn away, a few tags only remaining.

In the first variety we have a simple fracture of the lower end of the radius.

The line fracture is almost always transverse, occasionally it is oblique. It sometimes is multiple. It is usually situated from one-half inch to one inch above the articular surface of the bone.

It may also be epiphyseal.

In this fracture there is scarcely any deformity, and crepitus would undoubtedly be a matter of easy determination.

A good result from almost any treatment would also be probable, without any consequent deformity or disturbance of the functions of the hand.

In the second variety we have a fracture of the radius, complicated by an ulnar luxation.

This is Moore's fracture, and the treatment, as my reader must see, will differ from that of the first variety, inasmuch as we have to deal with a luxation, which is paramount, and a fracture.

The treatment recommended by Prof. E. M. Moore is as follows: "The patient may be etherized or not. An assistant holding the fore-arm of the patient, the surgeon grasps his hand, the right with the right, and *vice versa;* with the other hand placed under the fore-arm above the fracture, he is enabled to bring the thumb over the back of the ulna, the fingers wrapping around the radius.

"Traction is first made by extension, then drawing the hand laterally to the radial side, then backward, next keeping it held backward, and while making (continuing) extension, it is swung toward the ulnar side, bending well laterally, when the extension of the hand is changed for flexion, thus describing nearly a semicircle in circumduction. The position of the hand grasping the fore-arm undergoes constant change, as it is the antagonist of the other hand in everything but the extension. As the backward position of the hand, when it is carried to the extreme ulnar side, is changed to flexion of the hand, the thumb of the surgeon rolls around the border of the ulna, and is below when the manœuvre is complete.

"The test of reduction is, the presence of the head of the ulna on the radial side of the ulnar extension. The head of the ulna rests mediately through the triangular fibro-cartilage, on the cuneiform bone, and is restrained from going backward by the annular ligament holding on each side the tendons of the ext. minimi digiti and the ext. carpi ulnaris, thus making a concavity corresponding in form to a socket. When it is pressed into this pocket, and the hand flexed so that the head is supported by the wrist, the position of the hand is also restored in its relation to the radius. As a result of the displacement of the ulna, the ulnar extension is carried from its place, above the styloid process, to the opposite side of the ulna in an extreme displacement, but sometimes remains above its centre.

"To disentangle the styloid and swing the tendon of the ulnar extensor over into its place, is the purpose of the manœuvre. The hand is drawn toward the radius, to pull off (by stretching) the annular ligament. The backward motion, accompanied with extension, renders the ulnar extensor tense, which serves to draw the annular ligament backward. This is effected by pressing the thumb upon the ulna. The circumduction carries the tendon over the side. Its character as a luxation is still further shown by the fact that the restoration is often accompanied by a snap both tangible and audible. If

restored, the retention is effected by a compress and bandage of adhesive plaster. When the manœuvre described has been completed, the hand is flexed, and the thumb of the surgeon rests on the under side of the ulna. Its head appears on the back of the wrist, and corresponds with the opposite arm in every respect, except the swelling from sanguineous effusion. As in the treatment of any other luxation, the effort should not be abandoned until the *deformity is removed*, and the *ulnar extensor* in its place—a fact that can be determined at once."

The dressing I propose is intended to hold the head of the ulna up in its fascial socket, by bringing the weight of the hand to bear upon the ulna to retain it home.

If the thumb of the surgeon is kept under the ulna after reduction, it will be found that the weight of the hand is sufficient to keep it in place. As a substitute for the thumb I place along the ulna, from the *pisiform bone* upward, a cylindrical compress about two inches in length, and about half an inch in thickness,—in fact, a single headed roller.

This is placed against the ulna, resting also on its radial border against the tendon of the *flexor carpi ulnaris*.

A band of adhesive strap of the same width (as roller) is wrapped firmly around the wrist, and over the compress, extending downward to the extreme point of the radius, thus grasping the bones neatly and tightly. The ordinary rule of loose dressing on the first visit, to a fracture, is one that I distinctly reject. I propose to bring all the parts into close relation.

The patient is allowed to cut the bandage along the back of the wrist in about six hours if the swelling and pain seem to demand it. But I find it is not often done.

The thickness of the compress raises the adhesive strip so far from the anterior surface of the forearm that strangulation of the vessels does not take place. Moreover, the compress yields a little and thus diminishes the pressure. A narow sling passing under the compress, so as to bring the weight of the hand to bear upon the ulna, completes the dressing.

The precaution must be taken that the patient keep his hand in the same position in the sling during the night, as it may result in consecutive luxation.

Again, if this variety of injury present itself to the surgeon, at various periods remote from the time of fracture, and when union has taken place, requiring force for its separation, it will be found necessary to add weight to the hand and maintain the treatment for a longer period. The latter is easily accomplished by an adhesive strap passing obliquely around the hand and attaching to the loop; on the ulnar side, a weight equivalent to half a pound or more, as may be required. The standard of time, which has been fully justified by the results, is fourteen days.

It is desirable that the time be as limited as practicable, for the following reason:

Motion is a cardinal principle in the treatment of luxation, and therefore must be insured as early as possible after ligamentous repair.

It is well to have the patient resume manual labor in moderation immediately after discontinuance of dressing.

In hospital practice I have found the best exercise to be the washing of dishes, the sweeping of apartments, and other minor domestic duties.

LARGE FIBROUS TUMOR OF UTERUS TREATED BY ELECTROLYSIS.

By John Butler, M. D.

Mrs. C——, æt. 40, a lean, spare woman, sent for me on May 28th, on account of a profuse uterine hemorrhage, from which she suffered at intervals varying from five days to two weeks. I found her quite anæmic and prostrated, but the flow almost entirely ceased; prescribed China 12, promising to make a uterine examination next day.

May 29th.—Hemorrhage ceased. Found a large submucous fibroid, about the size of an infant's head, occupying the upper and anterior part of the uterus, causing that organ to be anteflexed; informed the patient of the existence of the tumor, and suggested treatment by electrolysis, which was at once consented to.

May 30th.—With the assistance of Dr. Pennoyer I divided the cervix, after Sims' method, and introduced a sponge tent to effect still further dilatation.

May 31st.—Removed sponge tent, and finding the os sufficiently dilated, proceeded to operate. Passing a long, thick platinum needle insulated to within an inch of the point along my finger into the uterus, I plunged the needle into the tumor, about an inch and a-half (the patient being kept under the influence of nitrous oxide), and connected it (the needle) with the magnetic pole of a zinc and carbon battery, using thirty cells and completing the circuit by means of a sponge rheophore placed over the uterus externally. I allowed this strong current to pass for ten minutes, and then reduced the number of cells to eighteen, which I continued to use for ten minutes more, when I withdrew the needle.

June 1st.— Tumor reduced in size, and very painful. Considerable abdominal tenderness and ovaritis; pulse 120; ordered Aconite every two hours.

June 2d.—Tumor still further reduced; less tenderness; pulse 80; stopped Aconite.

June 3d.—No fever or tenderness; large, offensive slough passed from vagina, with considerable fetid discharge, and some slight hemorrhage.

Evening of June 3d.—I introduced a fresh sponge tent, to be left in until the following morning.

June 4th. — Removed tent. Tumor smaller. The vagina being large and lax I had no difficulty in introducing my hand into it, and my finger into the uterus. The tumor had become quite soft and had a large hole in the centre about an inch in diameter, corresponding to the point where I had introduced the needle. I then concluded to omit the use of the needle for the present, so I daily applied the current from sixteen cells to the uterus, one electrode on the cervix and the other on the abdomen, externally.

Tumor steadily decreased in size up to June 30th, when I discontinued treatment.

I examined this patient a few days ago and could not find even a trace of the tumor, menses normal, and she says she has increased ten pounds in weight.

98 *Lafayette Avenue, Brooklyn.*

Subcutaneous Injections.—Glycerine is recommended as a dissolvent for subcutaneous injection. It is neutral, can be easily kept, and is in all regards the one which approaches the nearest to the composition of subcutaneous cellular tissue.

OPENING ADDRESS BEFORE THE STATE SCHOOL FOR TRAINING NURSES.

By A. E. Sumner, M. D.

I have the honor of appearing to-night to deliver, by request of the Medical Board of The Maternity, the opening lecture of a series before the first class of the New York State School for Training Nurses. While I feel great pleasure in complying with their request, and in anticipating the benefits to be derived from the establishment of this school, I am not without a keen sense of the responsibilities which rest upon us in launching a ship that must be properly steered and carefully handled, in order that she may escape the many dangers that lie in her path. That a school of this kind is much needed is beyond question. Physicians have always felt the need of skillful nurses in the sick chamber; and while each physician in a large city has one, two, or three intelligent attendants upon whom he may call, still the demand is for an increased number of skillfully trained and carefully educated nurses. The good nurse of to-day is a woman of more than average education, and often one whose social position has been far above that which she occupies. She is a Christian woman always, for it is impossible for one to become a faithful attendant upon the sick—ready and willing, day and night, to attend to the slightest wants of a patient—without religious principles and a kind heart. She appreciates the importance of everything pertaining to the patient. The room is well ventilated and scrupulously neat and clean; the bed always made as comfortable as possible, and the pillows carefully adjusted; the food is properly prepared and nicely served. The medicines are given in strict accordance with the directions of the attending physicians. She never speaks unless spoken to, and then encourages the patient as much as possible. She anticipates every want, and is full of expedients for comfort. She assumes entire charge of the patients, but in such a way as not to seem offensive or officious. In fact, she does her best to save the patient's life, and is as much pleased with success as the patient can possibly be. The nurses described are rare, but they do exist, and physicians are frequently called upon to wonder at the devotion, and even heroism, of these lady assistants. Given a nurse of this description, and make her familiar with the general anatomy of the body, the management and mechanism of labor, the relation of one organ to another, and of the child to the mother, instruct her in the general principles of hygiene and the special duties of the lying-in chamber, and the physician will have an assistant that will be of inestimable value. It is the aim of the Board of Managers of this institution to supply the want, and they ask the public to assist them in the task that they have voluntarily undertaken.

In 1861 a number of charitable ladies erected a monument that will for ever tell the story of their devotion to the poor women and children of this city. Under the name of the "Brooklyn Homœopathic Lying-in Asylum," they located a home at the corner of Lawrence and Willoughby streets. For a long time they attended only to the immediate wants of their patients, but as mother after mother left the institution with her little one, not knowing where she should lay her head, it became evident that a permanent home for the children should be provided, in order that the mother might be left free to take care of herself. This step seemed to them of more importance, on account of the knowledge obtained of the manner in which babies were disposed of. It was impossible for the mother who left the institution to take proper care of the children, and so the babies were sent to the Commissioners of Charity, and by them transferred to the city home, or given away to any one that would take them. How could the mother do anything else? She was poor, friendless, weak from her confinement, without money or employment, and without a home. How could she care for her child? A great deal is said in our daily papers about baby farming, and the demand is repeatedly made for its punishment with promptness and severity. The charge of "wholesale infanticide" was made a short time ago at the Yorkville Police Court, against Ellen Roberts, of East Thirty-eighth street, New York; one of the witnesses swearing that from January to July thirty babies passed through this woman's hands and out of existence. It is also charged that many of these babies are entrusted to her care by the Commissioners of Charity. Other witnesses swore that the babies were cruelly exposed to the weather, and were improperly nourished. Mrs. Roberts denies the charges, and claims to have taken as good care of the children as her means would allow. I deny that the fault is always with the mother, and I also deny that baby farming, as it is called, is always a crime. The poor woman who leaves the child to be cared for has little money to pay, and consequently the one in whose charge the child is placed is unable to give the proper food and attention. The mother's heart is as warm under faded calico as under the richest silk, and poverty never makes the parting between the mother and her first-born easy. God sheds his love on all, both rich and poor, and that love is reflected from the mother to her child. The fact of the matter is that the State should take hold of this matter at once, and provide proper institutions and proper guardians for its young. The mother gives her child to the State. In this great country we need every life, and can ill afford to throw any away. Our immense tracts of unimproved land, our undeveloped mines, our extensive manufacturing interests, and more than all, our entire political system, demand that our native-born should be tenderly cared for, and the institutions that have for their object the receiving of these little ones should be sustained. Statesmen have totally ignored this subject, and to-day our country is suffering from their neglect. Statistics show that one-half our children die before having reached the fifth year, and of those that live, a large proportion have the seed of disease in their system produced by disobedience of hygienic laws. From this class we derive the most of our candidates for our hospitals, poorhouses, and prisons, and in place of a vigorous, energetic, hard-working race, we have simply paupers that tax the country for their support. The Board of Physicians of this institution, after mature consideration, decided to lay this matter before the Board of Lady Managers, and they saw at once that the institution was doing only a part of its work. And so a nurse committee was appointed, and they immediately entered upon the work as-

signed them. In a very short time a dozen cradles, beautifully equipped, were provided, and they were no sooner provided, than a dozen of little babies were found to occupy them. The institution has cared for 154 babies up to the present time, and the statistics show that out of that number we have lost but nine by death. That many have been adopted into comfortable homes, and that the others are at present with us in the institution, or else have been returned to the mother whenever her circumstances enabled her to take care of the babe. The success of this department led to the establishment of a child's hospital, and then the call was, of course, for proper nurses to attend not only the sick children, but the mothers of the children. This gave the ladies an opportunity of establishing a school for training nurses, and so our responsibilities were increased four-fold, and our name was changed to "The Maternity." I have devoted some time to the history of this institution in order to show the steps leading up to the establishment of the school. Without the other departments, it would be impossible to give the nurses that clinical instruction that is of so much importance as to be, in fact, the life of the school. In this country I believe there are but two institutions of the kind for the education of nurses, and they differ very materially from ours. In Europe the schools are to be found in every large city, but the Glasgow Maternity is the one that seems to us the most successful, and we have decided to follow out its course with but few modifications. It embraces a lying-in asylum and a school for nurses. It is managed by a board of laymen and physicians, and is entirely self-supporting. All patients are charged a small sum for their board, except they be in actual labor at the time of admission, and are only allowed to remain nine days after confinement, except in cases of complication. In the school for nurses it is necessary that the applicant have a good reputation, and be more than ordinarily intelligent. If accepted, she pays twenty-five dollars, and is assigned to a room called "Nursery," which is simply a large room for the nurses to sleep in. She is there assigned a patient, and is to attend her while the patient and her offspring are in the house. The resident physician is selected from the graduating class of the University college, and holds his position only three months, but is never called upon except to attend cases of complicated labor, and if the case is beyond him he calls upon the consulting board. Twice a week the nurses attend lectures, and they are constantly attending cases.

After having served three months and individually confining patients, they are given a certificate. The lectures are almost all upon complicated labor, and are attended by the students as well as nurses. The students from the University are allowed to go through the wards with the professor on Saturdays. In order to stimulate the nurses to increased exertion in their studies a list is kept at the Maternity, and those whose duties are best performed are the first to be recommended for positions in institutions or for private nursing.

So popular has this institution become that the management have sometimes to reduce the time of attendance to six weeks in order to accommodate all of the applicants. The amount of good accomplished by a school of this kind is incalculable. Year after year a number of nurses are graduated who have had advantages that cannot be obtained elsewhere, and a higher grade of nurse is the result. If this school is a success, and there is no reason to doubt it, our graduates will be sought for in the charitable institutions of the country, and will there have an opportunity of imparting the knowledge gained here to others, and so the good seed will be widespread. This is an age of advanced civilization, and the profession owe it to themselves to see that this important department keeps pace with the spirit of the age. Thousands of lives are thrown away each year by careless or incompetent nursing, and physicians frequently find their best efforts paralyzed by the inefficiency of the nurse. The friends of the patient may be ever so devoted to him, and anxious to do every thing that lay in their power, but they cannot hope to obtain that skill in handling the sick that is the result of months and even years of experience.

Our first class will play a very important part in the establishment of this school. Much will be expected of its members—much more, alas! than should be expected of them from the short time of service here; but if they do their duty to themselves, they will lay so good a foundation here that success is sure to await them. There will be many hardships, but the pleasure derived by seeing their patients convalesce will more than compensate them for the care bestowed. I know of no position in life where it is possible to attract strangers so warmly to one as in the sick-room, and the faithful nurse will never want a friend. We council you to be patient, ever watchful and kind; be vigilant, wakeful and gentle. Study to anticipate your patient's wants, and do not be discouraged if you meet complaints instead of praises. Remember that cleanliness is next to godliness, do not forget the importance to the sick of absolute rest of body and mind; remember that the physician's instructions are to be followed under all circumstances, and do not make invidious comparisons between members of the profession. Be honest and upright in all of your dealings with the sick, and remember always the golden rule, "Do unto others as you would be done by." You will have many opportunities of doing good by your own example, and by assisting others to keep up their courage in the hour of need. You will also learn how much of good is developed in what is called fashionable society when trials come that call for your aid. The world is not half as bad as many think, and the physicians and nurses see much more that is good than the reverse.

One word of caution and I have finished. The relations existing between the family and the nurses are often so intimate that sacred secrets will be placed in your keeping, and you must guard them well. Many a family has been broken up by the failure on the part of the nurse to keep her own counsel. Let this lesson be remembered by each one, that you may never regret the confidence reposed in you by your patient. If this one lesson is fully impressed upon your mind, the first lecture of the course will prove one of the most important. Nurses, I assure you, on the part of the lady managers, that you shall be kindly received and well cared for. I assure you, on the part of the Board of Physicians, that no effort shall be wanting to assist you in gaining the education that you desire, and we shall expect from you application, perseverance, industry, and a determination to overcome

all obstacles that may lie in your path. With this frank statement of what we propose and expect, I have the honor of announcing the New York State School for Training Nurses as formally opened.

Brooklyn, New York.

Correspondence.

STATE HOMŒOPATHIC ASYLUM FOR INSANE.

MIDDLETOWN, N. Y., Nov. 20th, 1873.

FRIEND GUERNSEY,—I feel *mean* every time I think of you and of the UNION, to whose columns I want to be a contributor; which I am prevented from being by the many cares devolving upon me here. I lead a busy life, indeed; scarcely in any sense a professional one, except in that I am preparing an arena for future professional labors and observations, which may reasonably be expected to redound to the credit of homœopathy. A day's work with me, now, is a most curious *melange* of the duties pertaining to the farmer, sanitarian, landscape gardener, accountant, etc., etc.—dealing with laborers, advising with architect and builders, keeping the run of pay-rolls; obtaining estimates and specifications for gas supply, steam-boilers and fixtures, kitchen and bakery apparatus, pipe subways, drainage and grading; answering correspondence and receiving visitors; conferring with trustees, and acting as secretary for committees, etc., etc. You can imagine it to be "lively scratching" altogether.

We are crowding and pushing to get our main, or administrative building, finished, so as to allow of its occupancy by the latter part of December. It will afford room for all purposes of administration and for 65 to 70 patients; and we have already, since July 1st, received applications for full a third of this number. As we cannot very conveniently accommodate both sexes in this building, we shall probably receive only women into it; accommodating male patients in the new building, which is now being rapidly built.

This new building—Pavilion No. 1, as we designate it, for convenience—is to be devoted entirely to patients. It is 204 feet in length, and 3 stories in height above the basement, with a wing on the southerly end, seventy feet deep, and on the northerly end a wing one hundred feet deep, and is to be built of brick and half timbered work, so constructed as to give it the appearance of three distinct villas, slightly connected by balconies and glass-covered galleries, thus avoiding the prison-like style generally followed in similar institutions. Externally, I think, this pavilion, when finished will be considered as even more attractive than the main building, beautiful as that is. Charming, however, as its exterior is to the eye, the interior arrangement is still more graceful and home-like—indeed, *the home-like* has been, and will be, a *sine qua non* in the planning of all the buildings of this Asylum. As each floor is the duplicate of the others, a brief description of one will suffice. Entering at the southerly wing, we find it appropriated to a reception room for patients; a patients' parlor and ample dining-room; clothes-room, stairway, etc. Passing thence into the centre of the building, we enter into a fine corridor 110 feet long and 12 wide, on either side of which are patients' rooms, each 10½ by 14 feet wide, and an associate ward 20 by 21½ feet in size. The usual monotonous outline of such a hall is in this case broken by a charming octagonal room, or alcove, at each end of the corridor, and a pleasant bay-window room in its front, in the centre. Everything is bright, cheerful and airy. Emerging from this corridor into the further or northerly wing, we find ourselves in a transverse or intersecting corridor 85 feet long and 10 feet wide, on one side of which are six rooms, 9 by 12, and a dining-room 13 by 15 feet, with butler's pantry, etc. On the other side are bath-rooms, water-closets and attendants' rooms. This wing will be exclusively devoted to excited patients, and is separated by double doors, thick walls, etc.; excluding noise from annoying the patients in the other portions of the building. At this end of the building is a fire-proof stairway, from basement to third story, situated conveniently for the passage of patients from one part of the house to another, and for escape in case of fire.

As in the main building, the closest attention has been paid to securing proper ventilation, sufficient light and warmth, etc., etc. The same energetic builders, Messrs. Lyons, Fellows & Bunn, of New York city, who have put up our main building, have obtained the contract for this, and have displayed remarkable diligence and skill in its construction. Its walls are already ready to receive the second tier of floor-beams. It is built of brick, with Ohio stone stone-dressings, in much the same general style as the other building, though so varied in some of the minor details as to make it not "as like as two peas" to that. We esteem ourselves as indeed fortunate, in having the services of so tasteful an architect as Mr. Carl Pfeiffer, who combines thorough architectural culture with an earnest desire to secure the benefits of sanitary science. Our future pavilion-buildings (three in number) will probably be, in internal arrangement, and to some extent externally, similar to Number One.

Our boiler-house, a neat brick building of 73 by 34 feet, with slate roof, is nearly ready for reception of the boilers and engine. It is located 376 feet in the rear of the administrative building, and in the same locality will be located our gashouse, etc.

In the improvement and ornamentation of our land (250 acres) we have not, as yet, made much progress, for we have had need of all of our appropriation for purposes of construction. A good beginning has, however, been made by the laying down of a carefully arranged system of drain pipes, by which the slopes of the ground along the front of the buildings are drained; and by the construction of a solid bed for the main road of approach to the administrative building.

Although a State institution, there are several things (necessities for such an institution) which we must wait for for many years to come, unless *private munificence* steps in to our aid. There are many ways in which wealthy homœopathists might testify their appreciation of the blessings of the Hahnemanian faith, by aiding us to complete our equipment, and fill out the full measure of our usefulness to the unfortunates in our charge. At the same time, such gifts would form a most lasting memorial of their kindness. We need pictures for our walls—musical instruments for our patients' parlors—flower-stands, baskets, and delightful nick-nackeries for our patients' halls and sitting-rooms

—we need games, puzzles, etc., for our amusement rooms—books and papers for patients' use—statuary, vases, etc., for our grounds (ought we not to have a life-size statue of the immortal Samuel himself, on a high pedestal in the midst of the noble circle-drive before our main building—seen from every part of the drive and the grounds?)—we need a building, accessible to all the pavilions, in which can be located our chapel, our bowling-alley, gymnasium, museum, etc. All these wants (and you may think them too numerous) are necessities in our work of curing the mind diseased—they are part of our working apparatus. If we wait for the State to build them, or give them, we shall wait for many, many years,—since the State has many children and many demands upon its time. And how can our private citizens—who acknowledge their frequent personal indebtedness to homœopathy—better testify of the faith that is within them, or better erect for themselves a lasting *and useful* memorial, than by aiding this asylum to step forward, at once, into the front rank of such institutions? For this is the *first and only existing State institution in the world*, as far as I know, *which flies the flag of homœopathy*, and we want it to be a glorious success!

I believe there are hundreds of men, and women too, in this and other States, whose hearts have been brought into sympathy (by actual experience) with the subject of the care and cure of the insane, and who (could they be informed about us) would do whatever was in their power to make this new Homœopathic Asylum for the Insane, a bright, cheerful, attractive (and as far as possible a happy) *home* for these unfortunates.

But, my dear doctor, my hobby has ran away with me. For your sake, oh! patient man, I curb him. *Vale!* H. R. STILES.

CURING LEPROSY.—The Madras surgeon in medical charge of the penal settlement at Port Blair, believes he has made an important discovery in curing leprosy. The oil of the *gurgan balsam, or wood oil*, has long been used all over India, by the natives, for skin diseases and sores, with good effect. It is said its curative action in leprosy is marvelous, the disease rapidly yielding to its action.

CHLOROFORM INTOXICATION.—The introduction of a piece of ice in the rectum is said to be one of the most active agents in bringing a patient back to life when under the influence of chloroform. As the ice melts in the bowels the patient is seen to draw a long breath, which precedes natural respiration and the re-establishment of the cardiac functions.

THE INVENTOR OF ANÆSTHESIA.—An English writer, speaking of the recent discussion upon anæsthetics in this city, gives what he considers the real facts of the case, as follows:

"Discoverer of anæsthetic properties of nitrous oxide, Sir Humphrey Davey, 1798; discovery of anæsthetic properties of ether vapor, Farraday, 1818; and of chloroform, Waldie, of Liverpool, in 1847. First employer of nitrous oxide, Dr. Horace Wells, 1844; establisher of nitrous oxide, Dr. Evans; first employer and establisher of ether vapor, Dr. Morton, 1846; first employer and establisher of chloroform, Sir J. Y. Simpson, 1847.

DIABETES CURED BY LACTIC ACID.—In the November number of the *Homœopathic Journal of Materia Medica*, Dr. Ritchen gives two very interesting cures of *Diabetes*, by *lactic acid*. In both cases the urine was loaded with sugar; but in a very short time the specific gravity was reduced from 10.37 to a natural standard and healthy urine. The treatment was, two tea-spoons of *lactic acid* in a tumbler of water, to be drank during the day, and the same quantity repeated each succeeding day, until convalescence was established.

The diet was of beef, mutton, eggs, and water with just sufficient brandy or whiskey to modify the taste. The treatment lasted not quite four weeks.

The doctor very pertinently enquires, "Would a dilution of the acid produce the same effects?" and suggests that some of our high-dilution friends publish the results of actual trials.

LOCAL EMPLOYMENT OF CHLORATE OF POTASH IN CANCEROUS SORES.—In the *Berl. Klin. Wochenschrift*, No. 6, 1873, Dr. Burrow, of Königsberg, advocates the local employment of Chlorate of Potash in the treatment of cancerous sores. His proceeding consists in sprinkling the sore with Chlorate of Potash in powder or crystals, and covering the whole with a wet compress. As the crystals of Chlorate of Potash exert a more powerful action than the powder, and excite greater pain, Dr. Burrow uses the powder first, and replaces it by the crystals when sensibility has been abated. One of the cases was a cancerous sore of the left arm, which healed completely after eight weeks' treatment. Three other cases were cancerous sores of the breast; one was lost sight of, the other two are under treatment and healing well. The fifth case recorded was connected with a cancer which originated in the periosteum of the upper jaw and left cheek bone, and this became ulcerated; in this case healing was complete in three months.

OLEATE OF MERCURY IN RINGWORM.—Dr. Cane speaks very highly of this remedy, in the cure of a trouble which is sometimes very obstinate. He sums up the advantages under the following heads:

1. It is a certain remedy, if carefully applied.
2. It produces no staining or injury of the skin, and is painless in its application.

DILATION OF THE CERVIX UTERI IN DYSMENORRHŒA.—Dr. Ellinger, of Stuttgart, employs in rapid dilatation a sort of modified polypus forceps, which are introduced into the narrowest cervix. In case any part of the canal offers any resistance to the progress of the instrument, by separating the arms of the instrument for a few moments the stricture above is forced to yield; so that in this way a cervix which presents great difficulties to the introduction of the sounds, allows the dilatorium to pass with facility. The pain is said to be not greater than the introduction of Simpson's sound. He recommends extemporized dilatation: 1. In stricture of cervical canal. 2. Stenosis due to flexion. 3. Metrorrhagia in a flabby, swollen uterus, but without new growths. 4. Retained catarrhal secretions. 5. For exploration of uterine cavity. 6. Replacement of a flexed uterus. 7. Sterility. Dr. Ellinger thinks, where dilation is justifiable at all, the rapid dilation is vastly superior to any other form.

THE MEDICAL UNION

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."* Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

THE publisher of THE MEDICAL UNION, desirous of commencing the new year with a greatly increased subscription list, offers to all new subscribers for 1874, the November and December numbers of the present year. If those who approve the course of the journal will endeavor to extend its circulation among their professional brethren, they will enable the editors to increase its attractions, and render it still more worthy their support.

THE FUTURE.

IN January, 1873, we commenced the publication of THE MEDICAL UNION, believing, if conducted according to the plan we proposed, it would form a reliable medium for the interchange of thought, and occupy a useful position in the field of medical journalism. Having positive opinions of our own upon most of the leading medical questions of the day, and fully realizing the fallibility of human judgment, we were quite willing to give a fair and respectful hearing to all who could present something of real practical value, though their theoretical opinions might differ from our own. While the law of *similia*, the corner-stone of the homœopathic school, has no firmer believers or consistent advocates, though perhaps many more able than ourselves, we still believe that this law does not include the whole of medical science, or that the pages of a medical journal, claiming to be scientific, striving to be fully up with the advancing spirit of the age, and the ever broadening and deepening current of scientific investigation, should be solely confined to mere symptomatology. In the early history of our school, the frequent discussion of its peculiar principles was more necessary than at present. Now, the battle has been fought, and homœopathy no longer stands before the world as a doubtful experiment, but as an assured scientific success. If our school is to continue a success and still further change the current of medical thought, and achieve even grander triumphs in the future than in the past, it can only be by fully comprehending the spirit of progress which exists in every part of the medical world, remembering that science, with its swift and firm footsteps, has crushed out many old abuses and crude ideas, and is daily demonstrating new facts, and opening the paths to grander truths. Standing as we do, far in advance of every other school in therapeutics, we must not forget that this is only a portion of the great whole, and if we would maintain the position before the world of scientific and successful physicians, it can only be done by being fully alive to the vast advances which are every year being made in those various departments of knowledge so closely connected with medicine; a correct understanding of which so materially aids the physician in the intelligent application of therapeutics, and in the prevention of disease. THE MEDICAL UNION will, as heretofore, maintain a broad and liberal position, and while it gives the place to the law of *similia*, which it merits as the corner-stone of a correct therapeutics, it will gladly welcome to its pages the practical teaching of honest, earnest workers in the great field of scientific investigations in the various departments of medical science.

The past of THE MEDICAL UNION foreshadows its future; with constantly increasing facilities, and an enlarged clientage, we hope to make it still more worthy the confidence and support of the profession. Those who look upon a medical journal only as a record of isolated cases, showing the almost miraculous effect of this or that potency, and an array of wonderful symptoms worked from wonderful drugs, will not be likely to find THE MEDICAL UNION a journal to their taste. To the great body of physicians who look upon their profession as ever on the advance, and who wish to see in their journal a picture of medical progress, a full and fair discussion of great principles and a gathering together of important facts, which will enrich and enlarge the domains of therapeutics, and increase their sphere of usefulness, we believe THE MEDICAL UNION will be an ever welcome and instructive visitor.

To those of the profession who approve of the course of the UNION, we appeal, to increase its sphere of usefulness, by sending us the fruit of their own investigations, the record of cures performed,

and those instructive facts which every physician in active practice accumulates. In this way we shall be able to spread before our readers a monthly feast, in which every one will find something to enjoy.

THE INSANE ASYLUM.

THE suggestion made by Dr. Stiles, in his letter on another page, that the friends of the *State Insane Asylum* can materially add to the comfort of the rooms and the pleasure of the inmates, by donating pictures and the works of art to place in the wards, and about the building; also, games and books for the amusement and instruction of the patients, is worthy of their careful consideration and prompt action. This is the only institution of the kind in the world which flies the homœopathic flag, and here homœopathy is to a certain extent on trial. We cannot expect the State to furnish what might be considered luxuries; and yet, by making the rooms more beautiful, the atmosphere of home could be brought within the walls, and the dreariness of confinement softened. There are hosts of ladies whose ample purses and exquisite tastes have made their own rooms beautiful with works of art, and whose libraries are stored with the choicest gems of literature, who, perhaps, in looking over their treasures could find some book, or picture, or some game which they could spare, to make bright the home of those in whom the light of reason is clouded. If the physicians throughout the county will take this letter of Dr. Stiles, and read it to their wives and their lady friends, we are confident there will be no lack of donations; that books will pour in to fill the shelves of the library, and pictures to make bright and beautiful the walls of the rooms. The publisher of THE MEDICAL UNION will gladly take charge of any donations, or they can be transmitted directly to *Dr. Stiles, Middletown, New York.* There is another suggestion of the Superintendent which strikes us as exceedingly timely, and which more strictly comes within the province of the physicians. It is the erection on the beautiful drive, which sweeps round in front of the buildings, a life-size statue of *Hahneman*, worthy the subject and the place. This would be every way appropriate, the institution being under homœopathic direction, and Hahneman as superintendent of an insane asylum, being one of the first to inaugurate that new system of kindness and humanity which holds out some chance of bringing the patients back to reason and restoring them to their homes. What more appropriate than a gift like this from the physicians of the State? The editors of THE MEDICAL UNION start the list with a subscription of one hundred dollars. Who will follow?

WHAT WILL THE WOMEN DO THEN? POOR THINGS!

"THE north wind doth blow,
And we shall have snow;
Then, what will the robins do then? poor things!
They'll sit in the barn,
And keep themselves warm
By hiding their heads in their wings, poor things."

LUCKY birds to have a barn to go to! With this suggestive text from Mother Goose, we approach the question of woman's work. The winter before us is likely to be a hard one for the poor, and an anxious one in all classes of society. Following rapidly after the financial panic, comes a widespread stringency and embarrassment in business, which results in throwing thousands of men and women out of employment. Even those whose income before the panic was sufficient for their support without manual labor, are now compelled, in many instances, from the depreciation of investments, to seek for means of earning their daily bread. Widows and daughters who have been able to live comfortably on the income derived from "safe investments," are now obliged to go out into the world and undertake a bitter struggle. Ladies and gently reared girls who have never known any other duties or accomplishments than those which are found in the home circle, now that the circle is broken, are seeking employment outside. God help them! Let every man who has a wife, daughter or sister dependent on him for present or future care think seriously of this matter. If the time ever comes when they are to be thrown on their own resources for support—what can they do?

Perhaps they are so accomplished as to be competent as teachers. But the supply of teachers far exceeds the demand, and to-day the city is crowded with professional teachers trained to the occupation by life-long study and experience; and yet without employment. Whether they try for some position as governess, or seek employment in sewing, or advertise for occupation as a housekeeper, in every and all departments there is so much competition —so few vacancies, and so many applicants, that the probabilities of success are all against them.

No wise father would ever think of bringing up a son in such a way as to be completely unable to earn his support. Would it not be equally wise to train up the daughters to helpful knowledge and valuable employments?

No wise parent would arm his son against future contingencies, by teaching him only the duties of a hod-carrier, when he could just as well give him

the opportunity of mastering a good trade, or entering a business or profession. Would it not, then, be equally wise to give the daughter a chance of more profitable employment than as a poor sewing-girl, or an under-paid teacher?

If men and women would look at this question of woman's work, without being prejudiced by preconceived notions, if they would only meet the question intelligently, in its application to themselves and their families, they would be able to remedy much that is wrong in principle and practice, and accomplish without difficulty what many earnest friends of poor women have long been striving for.

A true reform is never accomplished by "agitation." If it is founded on wise, just and moral grounds, it will steadily make its may and gradually overcome the strongest prejudice. Unfortunately, for our wives and daughters, "the woman question" has had among its "agitators" some who have retarded and baffled the efforts of the truest friends of women, by dragging the whole question down into the mire of politics, and some who have prejudiced and disgusted the public by the advocacy of filthy and blasphemous doctrines.

With these people we have nothing to do, and their opinions are of no interest to us. Separating, then, the question from all such complications, and seeking for the means of employment which shall enable our wives and daughters to support themselves in case of need, we find ourselves in a very narrow field. In the ordinary occupations of working women, in factories, in sewing, in teaching, there is no chance for employment, because the demand for places is greater than the supply. What other occupations can be followed? Nursing, telegraph-operating, and one or two trades, but in all these the same difficulty exists.

If we would go to the root of the matter at once, we should say that thorough qualification in any business, trade or profession, will insure remunerative employment under ordinary circumstances. It is useless to attempt to force incompetent women into positions where incompetence means loss of money to the employer. But the question of incompetence is a purely educational one. And therefore, we narrow the question down to a matter of education. We should have schools of pharmacy, in which women should be thoroughly qualified in all that pertains to the apothecary's art, for this is an occupation for which women are naturally better qualified than men.

We should have women instructed as book-keepers and accountants, so that in banks, insurance offices, and in general business, they would perform the same clerical duties which are now undertaken by men. Is there anything unlady-like in being accurate at figures, in keeping accounts and in being well paid for good work?

In the ordinary trades, we can see no good reason why women should not be good tailors, shoemakers, cabinet-makers and upholsterers, and in general, pursue all the occupations which do not require the severest manual labor. To learn these trades, however, special schools should be opened under competent instructors; and when a trade is mastered by the pupil, her qualification should be determined and attested by an independent board of experts. In the development of this plan lies the solution of the question of woman's relation to commercial pursuits. She must be technically educated first, and then her interests and those of her employers will be identical.

But should we not encourage a higher education, a broader field, than this? How shall we regard the entrance of woman to the medical profession? For us, the question is to be determined by the sole test of competence. If a physician is highly educated, thoroughly qualified in all that pertains to the profession, and full of that wise charity that is begotten of true learning, we are not only willing, but glad of such an acquisition to our ranks, no matter what may be the race, sex, or color of the new-comer. But let us be sure, that the medical education of women is at least equal to that of men, that they have every facility for instruction, and that their competence is attested by an independent board of examiners.

We look for better things in the future, and are confident that these opinions are widely spread, and will rapidly develop most practical results. The time will come when it will be better to be a woman than a robin. Poor thing!

ALLOPATHIC COURTESY.

THE American Health Association has recently been in session in this city. It claims to have been organized for the purpose of discussing sanitary measures, and urging forward sanitary reform; and one would naturally suppose that all who are actively engaged in solving the great question of public health, would be welcome to its active deliberations. A glance, however, at the names of the getters-up of the concern, and the executive board, would soon dispel any illusion he might have of common fairness or gentlemanly courtesy in their official action, where homœopathy is concerned. It is a curious fact that men claiming to be Christians and gentlemen whenever the name of homœopathy is mentioned become rabid, and forget every gentlemanly instinct and every law of Christian courtesy. That one word is the *Ithurial touch* which wakens into life all the slumbering passions of their nature.

The officers of the association are Dr. Stephen Smith, President, and Drs. Moreau Morris, J. J. Woodward, S. O. Vanderpool, William Toner, A. N. Bell and Edward Jarvis, Executive Committee.

The names of these gentlemen, all of whom have long been feeding at the public crib, will prepare the reader for what follows:

When the list of names for membership had been read, Dr. C. C. Cox, President of the Board of Health of Washington, D. C., inquired why the Executive Committee had failed to recommend two names which he had presented. He understood that this body was one of sanitarians, not of doctors, and that views on homœopathy and allopathy were not to admit or debar gentlemen from membership who were interested in the question of public health, and engaged in solving its problems.

The President said he thought the gentleman was not in order. There was no question before the house, and he could not permit the gentleman to speak so of the Executive Committee, as it was improper to call their action to order.

Dr. Cox, however, calmly continued his argument amid considerable disorder. He said he had named Dr. Bliss and Dr. Verdi, two members of the Board of Health of Washington, appointed by the President of the United States, and this Executive Committee had rejected them because Dr. Verdi was a homœopathist, and Dr. Bliss had been expelled from a Medical Board for an alleged breach of etiquette. He wanted to know why the Executive Committee proposed to pass upon the qualifications of members thus, when the constitution distinctly said that qualifications for membership consisted only in an interest in the establishment of the best sanitary measures. There were laymen in that body who were as deeply interested in such measures as the doctors, and the Executive Committee exceeded their powers when they rejected men because of peculiar medical tenets, or alleged lack of etiquette.

During the delivery of this speech, Dr. Woodward and Dr. McClellan were each trying to say something; the body of the members were crying, "Order, order," and the President was alternately calling Cox by name and rapping on his table. The gentleman from Washington would not be put down, and cries of "Adjourn" had become almost clamorous, when Dr. Moreau Morris, finding a hearing, said: "Mr. President, the gentleman has insulted this association, and I move his expulsion."

An instant revulsion took place, and nearly all present cried, "No, no."

"I insist upon my motion," said Dr. Morris.

"I should be very loth to put it," said Dr. Smith, with dignity. "The gentleman has offended against the rule of the association, but not so seriously."

"If I am to be expelled from this association for asserting my rights, not only as a member, but as an American citizen," said Dr. Cox, "I will withdraw, and throw myself upon the press."

Dr. Smith refused to put the motion, and as the ordinary business of the association proceeded, the excitement abated, and the incident was soon forgotten.

Comment is unnecessary. It is also unnecessary to say, what was apparent to all, that the papers read by the medical gentlemen who are supposed to run the concern were characterized by an amount of verbiage and facts which have formed the gist of sanitarian works for the last forty years, the gathering together of which would do no credit even to a *sophomorian*. Outside of the regular medical gentlemen, some of the papers were of rare excellence,—full of sound, practical information and useful suggestions. If these could be collected together and published, they would form a very valuable addition to our works on sanitary science, and serve to stimulate legislation in the right direction.

DR. BUTLER'S MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES.

A WORK is now being published by Dr. S. W. Butler, editor of the *Medical and Surgical Reporter*, which purports to contain the names and addresses in full of all regular and irregular practitioners in this country. Great expense is being incurred and great effort is being made to render the list complete and reliable. For several years to come it will be considered *The Standard Register* of the medical practitioners residing in this country. It is of the utmost importance, therefore, that homœopathic practitioners should immediately furnish Dr. Butler the information he desires to obtain. He has mailed to over fifty thousand practitioners in this country a blank slip, for the purpose of obtaining not only their addresses in full, but also information concerning the status of medical men, which, if furnished, is sufficiently comprehensive to form the basis of a biographical sketch of no inconsiderable proportion of each representation of our profession. The emanation of this circular under the auspices of the allopathic school may have induced many who have received it to treat it with indifference; indeed, a somewhat extended correspondence confirms the conviction that very few homœopathic physicians have responded to Dr. Butler's urgent appeals. As this Directory is designed to contain a complete record of both allopathic and homœopathic physicians, it is *exceedingly important* that each one of the latter should not fail to immediately furnish full information concerning himself; also full statistical data regarding every homœopathic medical society and institution in his locality. In order to facilitate the furnishing of the desired statistical information by homœopathists residing in the State of New York, the Medical Director of the Atlantic Mutual Life Insurance Company has recently supplied every homœopathic physician in the State with two copies of a blank nearly similar in form to the one issued by Dr. Butler. He has also, in a short circular-letter, called attention to this important subject, and has urgently solicited the active co-operation of the homœopathic profession. All who may receive

copies of the blanks are requested to fill them and mail *one* to Dr. S. W. Butler, 115 South Seventh Street, Philadelphia, Penn., and the other to the office of the Insurance Company, in the City of Albany. Dr. Butler's Directory is, at the present time, in an advanced state of preparation; hence, there should be no delay in furnishing him the information he so urgently solicits.

LEPROSY IN THE SANDWICH ISLANDS.

By Charles Nordhoff, Esq.

By a law of the Kingdom, it is made the duty of the Minister of the Interior, and under him of the Board of Health, to arrest every one suspected of leprosy; and if a medical examination shows that he has the disease, to seclude the leper upon Molokai. The disease, when it is beyond its very earliest stage, is held to be incurable. He who is sent to Molokai is therefore adjudged civilly dead. His wife, upon application to the proper court, is granted a decree of absolute divorce, and may marry again; his estate is administered upon as though he were dead. He is incapable of suing or being sued; and his dealings with the world thereafter are through and with the Board of Health alone. In order that no doubtful cases may be sent to Molokai, there is a hospital at Kalihi, near Honolulu, where the preliminary examinations are made, and where Dr. Trousseau, the physician of the Board of Health, retains people about whom he is uncertain.

There are at this time 804 persons, lepers, in the settlement, besides about 100 non-lepers, who prefer to remain there at their ancient homes. Since January, 1865, when the first leper was sent here, 1,180 have been received, of whom 758 were males and 422 females. Of this number 373 have died, namely, 246 males and 127 females. Forty-two died between April 1 and Aug. 13 of the present year. The proportion of women to men is smaller than I thought; there are about 50 leper children, between the ages of six and thirteen. Lepers are sterile, and no children have been born at the asylum.

When a leper is sent to Molokai, the Government provides him a house, and he receives, if an adult, three pounds of paiai (unmixed poi) per day, and three pounds of salt salmon, or five pounds of fresh beef, per week. Beef is generally preferred. They are allowed and encouraged to cultivate land, and their products are bought by the Health Board; but the disease quickly attacks the feet and hands, and disables the sufferers from labor. There are two churches in the settlement, one Protestant, with a native pastor, and one Catholic, with a white priest, a young Frenchman, who has had the courage to devote himself to his co-religionists. There is a store, kept by the Board of Health, the articles in which are sold for cost and expenses. The people receive a good deal of money from their relatives at home, which they spend in this store. The Government also supplies all the lepers with clothing. There is also a post-office, and the little schooner which carried me back to Honolulu bore over 200 letters, the weekly mail from the leper settlement.

For the bad cases there is a hospital, an extensive range of buildings, where 100 patients lay when I visited it. These being helpless are attended by other lepers, and receive extra rations of tea, sugar, bread, rice, and other food. Almost every one strong enough to ride has a horse; for the Hawaiian cannot well live without horses. Some of the people live on the shore and make salt, which you see stored up in pandanus bags under the shelter of lava bubbles. When I was there a number were engaged in digging a ditch in which to lay an iron pipe, intended to convey fresh water to the denser part of the settlement.

Such is the life settlement on Molokai; a precipitous cliff at its back 2,000 feet high; the ocean, looking here bluer and lovelier than ever I saw it look before, on three sides of it; the trade wind blowing across the lava-covered plain; eternal sunshine; a mild air; horses; and the weekly excitement of the arrival of the schooner from Honolulu with letters. There is sufficient enjoyment for those who can and like to work—and the Hawaiian is not an idle creature; and altogether it is a very contented and happy community. The Islander has strong feelings and affections, but they do not last long, and the people here seemed to me to have made themselves quietly at home. I saw very few sad faces, and there were mirth, and laughter, and ready service, and pleasant looks all around us, as we rode or walked over the settlements.

And now, you will ask, what does a leper look like? Well, in the first place, he is not the leper of the Scriptures; nor is the disease at all like that which is said to occur in China. Indeed, the poor Chinese have been most unjustly accused of bringing this disease to the islands. With the first shipload of Chinese brought to these islands came two lepers "white as snow;" having, that is to say, a disease very different from that which now is called leprosy here. They were not allowed to land, but were sent back in the ship which brought them out. The Hawaiian leprosy, on the other hand, has been known here for a quarter of a century, and men died of it before the first Chinese were brought hither. The name Mai-Pakeh was given it by an accident; a foreigner saying to a native that he had a disease such as they had in China. There are but six Chinese in the Molokai leper settlement, and there are three white men there.

The leprosy of the islands is a disease of the blood, and not a skin disease. It can be caught only, I am assured, by contact of an abraded surface with the matter of the leprous sore; and doubtless the habit of the people, of many smoking the same pipe, has done much to disseminate it. Its first noticeable signs are a slight puffness under the eyes, and a swelling of the lobes of the ears. To the practiced eyes of Dr. Trousseau, these signs were apparent where I could not perceive them until he laid his finger on them. Next follow symptoms which vary greatly in different individuals; but a marked sign is the retraction of the fingers, so that the hand comes to resemble a bird's claw. In some cases the face swells in ridges, leaving deep furrows between; and these ridges are shiny and without feeling, so that a pin may be stuck into one without giving pain to the person. The features are thus horribly deformed in some cases; I saw two or three young boys of 12 who looked like old men of 60. In some older men and women, the face was

at first sight revolting and baboon-like; I say at first sight, for on a second look the mild, sad eye redeemed the distorted features; it was as though the man were looking out of a horrible mask. At a later stage of the disease these rugous swellings break open into festering sores; the nose and even the eyes are blotted out, and the body becomes putrid.

In other cases the extremities are most severely attacked. The fingers, after being drawn in like claws, begin to fester. They do not seem to drop off, but rather to be absorbed, the nails following the stumps down; and I actually saw finger-nails on a hand that had no fingers. The nails were on the knuckles; the fingers had all rotted away. The same process of decay goes on with the toes; in some cases the whole foot had dropped away; and in many the hands and feet were healed over, the fingers and toes having dropped off. But the healing of the sore is but temporary, the disease presently breaks out again. Emaciation does not seem to follow. I saw very few wasted forms, and those only in the hospitals, and among the worst cases. There appears to be an astonishing tenacity of life, and I was told they mostly choke to death, or fall into a fever caused by swallowing the poison of their sores when these attack the nose and throat. Those diseased give out soon a very sickening odor, and I was much obliged to a thoughtful man in the settlement, who commanded the lepers who had gathered together to hear an address from the doctor, to form to leeward of us. I expected to be sickened by the hospitals; but those are so well kept, and are so easily ventilated by the help of the constantly blowing trade wind, that the odor was scarcely perceptible in them.

The Medical Union Clinic.

RECENTLY a lady of seventy-five years of age was placed under my care for treatment. She had just returned from Canada on a visit to her friends. I saw her on the morning of her arrival in this city, and noted the following points in her case: Numbness of the hands and feet; inability to walk; tongue slightly coated with a brownish fur, and constipated. Her appetite was fair, and did not complain of any pain, but appeared to be more concerned about the condition of her feet and hands; nor did she seem to be fatigued from her long and rapid journey. In view of her trip to Canada, and in consequence of a fall she received in trying to walk, I gave her Arnica, which was continued for twenty-four hours. I then gave her two or three doses of Mercurius, which promptly relieved her bowels. On the third day the tongue was coated with a thick dirty, whitish fur; pulse 100; restive, with bad nights. Bryonia was prescribed. The next day I found the pulse 114, the tongue dry, parched, and glazed, the tips and edges red, the central and posterior parts blackish, exacerbation of the symptoms at night, with marked prostration. I gave Rhus Tox. The next day she was more calm, had a better night, with an improvement in her symptoms, the tongue also less dry. The same remedy continued. Under its action the patient gradually improved, so that, in two weeks from the time of the attack, the disease gave way to convalescence, and with it the disappearance of the numbness of the hands and feet and the return of the proper use of the extremities. In the last week of her sickness *aching pains* in the arms, from the shoulders to the extremities of the fingers, made their appearance, which caused much suffering and disturbed her rest; they were not constant; usually, they were even worse at night or in the evening. Belladonna and Lachesis did her some good. I must confess, however, I was not as successful as I would have wished in giving her relief. As she left the city, for home, I lost the opportunity of any further treatment of the case, feeling confident of success if she could have remained longer in my hands.

In every other respect she was well; good appetite, ability to walk, and sound sleep, unless disturbed by a return of these pains. Upon examining the Materia Medica, it was more difficult than I expected to find remedies corresponding with *aching pains* of the *arms*.—T. HOUGHTON, M. D.

Transactions of Societies.

THE CENTRAL PARK OBSERVATORY.

THE Director of the New York Meteorological Observatory, Central Park, has issued his annual report for 1872 to the Board of Commissioners of the Department of Public Parks. After referring to the operations of the pencil barometer, lately introduced into the observatory, which records every change in the temperature, and describing the construction of the new metallic thermometer, which acts upon the principle of the difference of expansion and contraction between brass and glass, the report goes on to treat of the climatic change of the United States, which has been lately attracting considerable attraction. A general impression prevailed that a great change had taken place in the temperature of this country within the last century.

With a view of sustaining the conclusions drawn in the report for 1871, the Director states that the investigation has been continued during the past year, so as to bring the question to a complete conclusion. In the report of last year the temperature was considered only in relation to the cold of the Winter months, while an inquiry has been since made into the changes in the Summer months of June, July and August, with a similar result. Tables are given showing the mean temperature of New York, Philadelphia, Boston, Charleston and New Haven, for these months, dating back as far as the earliest records, and from the examination of these records the general conclusion drawn is that there has been no change in the temperature of the three hot months of the year in any portion of the Atlantic States. The highest mean monthly temperature for New York was that recorded in July, 1825, when the thermometer marked 81°. The mean temperature for the three hot months in Boston is 2.66° lower than that of New York, which is nearly the same difference found for the cold months in last year's report.

Computing the rain-falls in successive periods of ten years each, and comparing them together, it has been found that there has been neither an increase

nor a diminution in the quantity of rain. It has also been ascertained that the average length of time the Hudson had remained closed from 1817 to 1867 was about ninety-one days, taking the computation from periods of ten years. Observations of this class are pointed to in the report as being more reliable than the records of the thermometer, and it is observed that, in the case of certain European rivers, their time of remaining closed, when considered for long periods, does not vary more than a fraction of a day.

In a lengthened report of the average temperature of Hew Haven during the last forty-five years, it is stated that only a difference of one-fifth of a degree has been discovered between the mean temperature for that period as compared with the records of forty-one years previous; and this is attributed to the probable zero error in most of the thermometers employed. The records of New Orleans, Cincinnati, St. Paul, and other cities go to establish a like stability of climate. The year 1836 is referred to as an exception to the general uniformity. The mean annual temperature of New York began to decline in 1830, and continued so until 1832, when it remained stationary for two years, and then fell again during the two succeeding years, until it was found to have fallen 7.2°. It then commenced to rise, returning in the same manner as it had fallen, until it went up 5.8°. This remarkable variation extended from Boston to New Orleans, along the Atlantic and Gulf coasts, but did not occur in the interior of the continent, as at Fort Snelling. This change of temperature could be ascribed only to one or the other of two causes, astronomical or terrestrial. If the sun's light decline in brilliancy, there must be a decline in the mean temperature, and *vice versa*. But, if such were the case, the temperature would be affected simultaneously at St. Petersburg and Fort Snelling as clearly as in the Atlantic cities.

The Director then attributes this variation to influences of a local and temporary character, and proceeds to show the directions in which atmospheric fluctuations cross the United States. In the Spring of 1873, there were destroyed in Central Park alone, nearly 8,000 deciduous and evergreen trees, and it was estimated that in the country, from the Atlantic to beyond the Mississippi, and from Virginia to Canada, many millions were killed. It was recognized that this great destruction was due to a sudden and severe cold, which occurred about the middle of March, when a strong and bitter wind set in from the north-west, with sleet, while the thermometer fell from 51° to 17.2°. Charts are then laid down illustrating the progress and direction of these thermometrical and barometrical waves in crossing the United States, and the influence exercised upon the temperature of the regions over which they pass, and the question is then put whether it is possible, from the data thus obtained, to trace the passage of American storms across the Atlantic and predict the time of their arrival on the European coast.

With a view of answering this inquiry, the registers produced by the instruments at the New York Observatory have been compared with those obtained at Valentia and Falmouth, the distance under consideration being about 3,100 miles. The result has been to show that there are many atmospheric waves which do cross the Atlantic, and that the time of their passage may, within certain limits, be predicted. If, in the case of an easterly wind which is traveling about 200 miles in twenty-four hours, the exact time be found by the lowest reading of the barometer, and its speed be ascertained for twenty-four hours before and twenty-four hours after that time, the mean of these two numbers will give the rate of the storm in twenty-four hours. If 4,200 be divided by this last number the result will show the number of days the storm will take to cross from New York to Falmouth or Valentia. At present no definite rule can be laid down to calculate the velocity of these storms; but if the result of the next two or three years' experience should lead to the confirmation of the foregoing theory, an invaluable service would be rendered to home and foreign commerce by indicating whether ship captains about to leave port might be delayed by approaching foul weather, whether they could get well out to sea before its occurrence, and what would be its duration. An instance may be taken from the tables which will show the probable accuracy of the rule given. On the 4th of October, 1869, there occurred a low barometer at the New York Observatory at 1 P. M. In twenty-four hours previously the wind had traveled 313 miles, and in the twenty-four hours succeeding it made 286 miles. The mean of these numbers will give 299 miles, by which 4,200 being divided, the time of passage across the Atlantic is found to be fourteen days, and the date of its arrival at Falmouth the 18th of October, which corresponds exactly with the actual time of its arrival as recorded in the English weather reports. From calculations made in eighty-six atmospheric disturbances since 1869, expected to cross the Atlantic, only three have failed.

From the tables appended to the report it appears that the mean temperature for the year was 51.02°, the maximum being 95.5° at 3 P. M. on July 2, and the minimum 3° at 9.30 A. M. on March 5. The total number of days on which rain fell during the year was 105, amounting to upward of twenty-four days' continuous rain-fall, and the depth of water produced in inches was 42.49. Snow fell on twenty-five days, equal to seven days of a continuous fall, and the depth of the snow-fall was 40.37 inches. The distance traveled by the wind during the year was 65,132 miles, the prevailing wind being from the west.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

A MONTHLY meeting of the New York County Homœopathic Medical Society was held on Wednesday evening, Nov. 12th, at the Ophthalmic Hospital. Dr. Allen was in the chair.

After the reading of the minutes of the previous meeting, the reports of the Bureau of the Diseases of Women and Children were presented.

Dr. J. Robie Wood narrated some cases of sterility. The first one had been married four years. She gave as the most prominent and distressing symptom, the sensation of great pain in the breasts previous to her menstrual periods, whereon he prescribed one dose of Calcarea Carb. 200. Within ten months afterward she was delivered of a healthy child. In another case of sterility, the Doctor found, upon a digital examination, that the womb was anteflexed, and the os resting upon the vaginal wall in such a manner that the entrance to it was obstructed.

He directed the woman to turn over upon her face immediately after sexual congress. By this simple treatment the desired object was attained, and within one year afterward she became pregnant.

The Doctor also related a case of hydatids, which were expelled shortly after the administration of Lycopodium.

Dr. Throop read a paper upon Uterine Surgery. He took occasion to speak of the advantages of the Sims speculum, and of the impetus that it has given to the advancement of this branch of our art. He deprecated the too extensive use of the knife, and cited Dr. A. K. Gardner, as decrying the abuse of operations, and advocating more conservative measures. It was his opinion that a very large class of cases yielded more promptly under internal medication than the use of the knife. Electricity, he said, was revealing itself as an agent of wonderful power in the field of uterine therapeutics. The treatment by passive movements was daily gathering trophies in great numbers. Hygiene, also, was shown to be of great advantage. The Doctor then spoke of the great progress in uterine surgery in the old school, and hoped it may become more widely a noble ally in our worthy cause.

Dr. J. R. White reported the following case: A lady, aged 32, of light hair and blue eyes, was delivered of a child. Ten months afterward she became dropsical. Slight œdema of the eyelids was first noticed, and general anasarca ensued within four weeks. Her physicians had said that she had heart disease, and were treating her accordingly. The secretion of urine was almost entirely suspended, her breathing became painfully oppressive, and the patient grew continually worse. At last her friends thought her dying, and I was called in. I found her bidding adieu to her friends. The minister had already been there, and the sacrament administered. She was sitting, with her body bent forward, gasping for breath, and had been unable to assume any other position for four days. The urine was very scanty, and for the few days previous, only a few table-spoonfuls had been passed, and it was heavily loaded with albumen. I put a half ounce of the tincture of Apocynum Cannabinum in a half glass of water, and gave two tea-spoonfuls hourly. After the second dose its cathartic and diuretic action was obtained, and several gallons of water were passed off within the next twenty-four hours. The patient began to improve immediately, and within a few days was able to walk about. The Apocynum was continued for some time, in alternation with Helleborus Nig., and afterward followed by Arsenicum. The patient convalesced rapidly, and attained a fair degree of health. I never could find any traces of organic disease of the heart, and considered it Morbus Brightii. Two years afterward she was again delivered of a child. Six months following, general anasarca returned, and within four months she died.

The Doctor contributed another case of anæsthesia of the left leg, occurring after severe instrumental labor, which was speedily relieved by Nux-Vomica. He also spoke in this connection of the treatment of pelvic peritonitis, and highly recommended as an external application, the following mixture: ℞. Tinct. Aconit.-rad.; Tinct. Belladonnæ; Chloroformi; Ol. Oliv.; ana. part. æqual. Misce. He applied it upon cotton batting, and that should be covered with oil silk.

The Doctor reported a case of ranula, which he had cured with Baptisia. He gave two drops of the third decimal, alternating every two hours, and used the tincture as a wash. He had also derived great benefit from this remedy in the treatment of cancrum oris.

A discussion followed upon the cases which had been reported, which was participated in very generally by the members present, after which the meeting adjourned.

Reviews of Books.

A Manual of Midwifery, including the Pathology of Pregnancy, and the Puerperal State. By Dr. Karl Schroeder, *Professor of Midwifery, and Director of the Lying-in Institution, in the University of Erlangen. Translated into English from the third German edition.* By Charles H. Carter, B.A., M. D., B. S., Lond. New York, D. Appleton & Co.

Perhaps for several years has the appearance of a new medical book been more eagerly awaited, than the translation of Schroeder's "Manual of Midwifery," by the medical profession. Although there were very many works upon this branch of medicine, yet there was not one which contained all the latest investigations and conclusions in the physiology and pathology of midwifery, and as there have been many new developments in these departments, which have been clearly demonstrated, a work seemed needed which should embody them together, with a practical treatise upon operative midwifery. Those already before the profession were all incomplete: they were either diffuse or superficial, and blindly handed down many traditions which should be regarded as myths inseparable from the inaccuracies of an incomplete science while in its elementary stages of development.

Cazeaux has been deservedly the favorite text-book in this country, yet it devoted too much space to speculations and theories, and did not point out with sufficient distinctness those which are commonly accepted from the many insupportable ones which are fast becoming obsolete. In some portions of the book the subjects were obscurely handled, and the chapters upon operative midwifery did not fully embrace the views held by the most advanced authorities.

Naegele has enjoyed even a more extensive reputation as a text-book in Germany; yet it clung with great tenacity to the traditions of the past, and did not give sufficient prominence to the newer ideas and later researches.

Schroeder strikes out boldly in a new path, and has presented a book to the profession which omits every thing that is not accepted, nor thought worthy of consideration, by the latest investigators upon this subject, and gives with conciseness the newest and latest views upon every branch of his topic. He writes tersely, boldly, and clearly, and handles his subject with such mathematical exactness and simplicity as is fitting to a scientific subject. The book shows evidences of careful study, and the author to be a patient investigator, an extensive reader, and a pains-taking and indefatigable worker.

The work has gained an extensive reputation in Germany, having reached a third edition within the short space of two years, and the translator is so hopeful of its meeting a want in medical literature which has long been felt in this country, that he deems no apology necessary in offering it to the profession.

The author very properly omits the general anatomy of the pelvis, and speaks only of it with regard to its function as the canal of parturition. It has always seemed to us a great mistake with both authors and lecturers, in trespassing upon the domains of anatomy, and consuming much time and space to the consideration of what properly belongs to another department.

He opens the chapter upon the physiology of pregnancy in so attractive a manner, that we cannot forbear quoting it at some length. "Of the thousands of ova which are found imbedded within the Graafian follicles in the new-born female, comparatively few come to be expelled from the ovary. As the opening of the tubular glands, from which the Graafian follicles are developed by constriction of a portion of the gland, are situated towards the periphery of the ovary, the most developed follicles of the new-born female will be found more towards the centre, and this condition will remain the same up to puberty. Not until the other organs of the body have almost reached the highest degree of maturity, does a new phase of development begin in the organs of generation. This is seen in the ovaries by the enlargement of the Graafian follicles. According to Pflüger, their slow, but continued growth causes a constant irritation of the terminations of the nerves which are imbedded in the rigid stroma. This irritation, however, is so slight, that it is not sufficient to set up immediately a reflex action, but at periodic intervals the sum of those irritations becomes so great that reflex action takes place in the form of a considerable arterial congestion of the genital organs. This suddenly increased afflux of blood has a double effect. Not only is that Graafian follicle, which is the farthest advanced in development, ruptured by the increased intrafollicular pressure, but from the vessels of the mucous membrane also hemorrhage takes place upon the free surface of the uterus. The escape of the ovum from the follicle, and the menstrual hemorrhage, are both consequences of one and the same cause, namely, of the pressure which the growing follicle exerts upon the terminations of the nerves contained in the ovarian stroma. It is, therefore, this pressure which causes the periodical reflex action in congestion of the genital organs."

In speaking of the changes which take place in the Graafian follicle, he contradicts the generally accepted opinion of the investment of the ovaries by the peritoneum. According to Pflüger, the surface of the ovary is not covered by a perfect serous membrane, but only by a single layer of epithelium. Waldeyer and Küster also positively state that the peritoneum does not cover the ovaries, but that they project free into the abdominal cavity through an opening in the peritoneum, and are covered only by the epithelium of a mucous membrane, the prolongation of which forms the epithelial lining of the tubular glands of Pflüger.

The passage of the ovum he thus graphically describes: "The cilia of the Fallopian tubes vibrating in a direction towards the uterus, cause a continuous current in the fluid, which is always present upon the peritoneum, in the neighborhood of the abdominal opening of the Fallopian tubes. The current is able to carry along with it very small substances, such as the ovum, and in this way the ovum generally enters the wide abdominal opening of the oviduct of its own side. The further advance of the ovum in the external third of the oviduct, is solely caused by the vibrations of the cilia, because the tube is here far too wide for the contraction of its muscular elements to act upon the small ovum. But in the middle portion the oviduct becomes so narrow, that the contraction of the layers of its circular fibres can grasp and push it forward."

The development of the ovum and its membranes is clearly described in a few pages, the author evidently thinking that an exhaustive treatise of the subject should be more properly left to the physiologist.

In the chapter on positions and presentations the author reviews the opinions generally maintained at the present day, as to the cause of the head presenting so disproportionately often, and decides in favor of that suggested by Aristotle, which tries to explain the position of the fœtus, by means of the laws of gravity. He says that in very numerous experiments made first by Duncan, and then by Veit and Höning, in which a fœtus, recently dead, was allowed to swim in a balloon filled with salt water of a specific gravity, equal to that of the fœtus, it was seen that the head lies lower than the breast, and that the right shoulder looks downward. As regards the fœtal attitudes and their changes, according to this law in the erect position the back of the fœtus must be directed forward and to the left, and in the recumbent position backward and to the right.

In treating of multiple pregnancy he gives a clear exposition of the distribution of the membranes, showing that the fœtuses have the same chorion if they are derived from the same ovum and that those from different ova have always separate choria, although they may greatly atrophy at the place of contact of the two ovas. The amnion, however, being formed neither from the mother nor from the ovum, but from the embryo itself, is only the prolongation of the abdominal walls of the embryo, and must consequently be multiple in several fœtuses. The rare cases of simple amnion may depend either upon laceration and subsequent atrophy of the originally existing septum, or the full development of the two membranes may have been impeded by a close approximation of both embryoes. "The placentæ," he says, "are originally always separate, since in all those cases each embryo forms its own allantois, which, independently of the other embryo, grows toward any spot in the periphery of the ovum. In different ova they may, but in a simple ovum they always must be so close together, that they more or less intimately coalesce."

The chapter on the diagnosis of pregnancy gives the various signs very succinctly. He speaks of three murmurs which may be present, during the latter half of the term, viz: The sound of the fœtal heart, the so-called uterine souffle, or placental bruit, and that originating in the umbilical cord. He adopts Hecker's views as the most probable that the latter arises in the umbilical region from a

flexure of the first piece of the cord at the umbilical ring.

Labor is described under the appropriate title of "The Physiology of Parturition," and the chapters upon it reveal evidences of patient and untiring study upon this intricate subject. Schroeder discards all of the various theories rife excepting those which rest upon anatomical and physiological facts, and explains the phenomena of parturition upon that basis alone. In speaking of the causes of the setting in of labor, he says that "it has been conclusively shown both by anatomical preparations and physiological experiments, that the sympathetic is the motor nerve of the uterus, and it is doubtful that the sacral nerves have any influence in causing uterine contraction, but they are more probably inhibitory nerves.

"The influence of the sympathetic in the expulsion of the ovum is called forth by the irritation which the ovum exerts upon the terminations of the nerves on the inner surface of the uterus; by reflex action that irritation is transformed into motor activity.

"Only towards the end of the tenth month this irritation begins to be exerted, because only then, through fatty degeneration of the decidua, the ovum becomes a foreign body in the uterus. The fatty degeneration of the peripheral layers of the ovum causes a separation between the ovum and the uterus, which the resulting contractions complete."

In the classifications of the positions and presentations, he follows the simple order of the German authorities. He divides the presentations into those of the head, face, breech and footling, and agrees with nearly all, that the transverse positions properly belong to the pathology of parturition, as they are usually insuperable by the forces of nature.

The chapter on the diagnosis of the fœtal positions is one of great value to the American accoucheurs, as containing a lucid exposition of the manner of diagnosing by external manipulations. It is practiced extensively in Germany for the purpose of corroborating the diagnosis formed from an internal examination, and is so dexterously performed at Vienna that the position of the fœtus may be diagnosed with almost absolute certainty by it alone. The method is considered so valuable that it is always resorted to previous to making an internal examination.

The mechanism of labor is described in a somewhat novel way to the English-speaking reader: "The mechanism by which the uterus effects the expulsion of the fœtus is a double one:

"First, by the contraction of the unstriped muscular fibres, the contents of the uterus—viz., the ovum—considered as a whole, are exposed to a uniform pressure, which Schatz calls the 'internal uterine pressure.'

"Now, since the muscles of the fundus are more strongly developed than those of the lower portion of the uterus, and since the internal os is devoid of a muscular structure, the ovum is pressed against that latter point, and consequently dilates it.

"Secondly, the uterus tends to assume a round form by its contractions. This is obtained at the expense of the longitudinal and the transverse diameters, the antero-posterior being relatively very small in the uncontracted condition. Then, the uterus shortens from above downward and transversely. Schatz calls that tendency of the uterus to assume the round form, the 'form-restitution power.'

"Whilst the internal uterine pressure uniformly acts upon the contents of the ovum—viz., the fœtus and the liquor amnii—the innate power in the uterus to re-assume its previous form tends, by the shortening of the transverse diameter, to place longitudinally what may perhaps have been situated very obliquely, straightening at the same time the fœtus, which is strongly bent over its anterior surface; and the breech also, which, by the shortening of the transverse diameter, is forced more towards the fundus, is subject to the same pressure, and this acting through the vertebral column, pushes the head into the pelvic inlet."

In considering breech presentations he advocates the prompt and speedy delivery of the retained head, unless that it is certain that labor will quickly terminate spontaneously. The tendency in this country is to wait too long for nature to act in this condition, and nearly all of our teachers instruct not to interfere until there are symptoms of immediate danger to the child. As we cannot foresee the moment when the first inspiratory movement may take place, and the inspiration which then blocks up the lungs with foreign bodies, and places the life of the child in jeopardy, it has been our custom to practice the rules which Schroeder gives here upon the subject.

In the chapter on the use of chloroform in labor he advocates its use in the strongest terms possible, and considers it the duty of the physician to administer it whenever the pains are intense in character or labor is difficult. He dismisses all the objections to its use as not founded on facts, and shows by accurate researches that labor is but very slightly delayed, and hemorrhages are not more frequent under its administration. For the same purpose chloral is recommended; as also the internal and subcutaneous use of morphia.

In considering the treatment of the insufficiency of the expelling force he coincides with all the German authorities in denouncing the use of ergot, except in the after-birth period. Schatz has shown by means of the tokodynamometer, that after the use of ergot, the internal uterine pressure is continuously and greatly increased during the intervals, and that the pains become more frequent, although, less efficient.

"It is known," says Schroeder, "that it is just this persistent contraction which brings the child into danger, for during each contraction of the uterus, as during a normal pain, the diffusion of gases between the maternal and the fœtal blood is not entirely stopped, but greatly limited, and in the uniform contraction, such as is produced by ergot, the diffusion of gases at the placental insertion is impeded, and thus asphyxia is produced."

Although theory would seem to justify the rules laid down so strictly as to its use, by the German authorities, yet our own experience has shown it to be a valuable and safe remedy in sluggishness of the pains in multiparæ, when not dependent upon exhaustion nor upon nervous excitement, and when the os is fully dilated, and there are no malformations either in the child or in the pelvis and its coverings.

Opium and chloral are highly recommended especially when the feebleness of the pains is due to great nervous excitement. He considers their ac-

tion due to the paralysis of the spinal sacral nerves, which are supposed to be the inhibitory nerves of the uterus.

The chapters on operative midwifery are tersely written. A complete absence of illustrations in this division is noticeable, and probably arises from the fact, that the author considers oral instruction not sufficient to teach this branch, but that practice upon the dummy is requisite to become a dexterous operator.

He reviews very carefully the different methods of performing craniotomy, and decides in favor of the English method. Although the removal of the head is long and tedious with Barnes' craniotomy forceps, yet as it may be performed without any risk of injury to the mother, they have decided advantages over the cephalotribe. When the pelvis is contracted, up to one inch, he advises the use of a strong steel wire as recommended by Barnes.

Pelvic deformities are elaborately discussed, as they are, generally, in the German text-books. In considering eclampsia, he says but little definite is yet known as to its etiology. He rejects the theories advanced by Frerichs and Halbertsmer, and adopts Traube's and Rosenstein's as more plausible. According to the latter "the convulsions depend not upon disease of the kidneys, but upon two other conditions—a deficiency of albumen in the blood and an increased pressure in the arterial system, which, though commonly produced by disease of the kidneys, may under certain circumstances arise independently of them. A watery condition of the blood is peculiar to pregnant women, and during the pains also, since the muscles of the body are in a state of activity, the pressure is increased in the arterial system." In the treatment, although depletion seems to be indicated to relieve cerebral pressure, it does not produce a lasting beneficial effect, as it increases the watery condition of the blood and heightens the danger of the disease. Experience decides greatly in favor of the use of narcotics, that the activity of the voluntary muscles may be paralyzed, and thus the arterial pressure diminished. Full narcosis should be produced by chloroform, morphia, or chloral.

The author describes puerperal fever very elaborately, and presents the most complete picture of this terrible disease, in its various manifestations, that we have ever seen.

He accepts the theory of its septic origin, and defends it with great ability. The pathology is exhaustively treated in a most interesting manner, but want of space forbids our alluding further to this able article.

Schroeder's midwifery will not supplant text-books now in use, as long as midwifery is taught as at present in this country. The details of the various steps of the operation are not dwelt upon with sufficient minuteness, and the mechanism of labor not so simply described as in many of the older works. It is rather a work intended for advanced students and general practitioners, and to whom it will be of incomparable value, as a manual of midwifery.

CHARACTERISTIC MATERIA MEDICA. By W. H. BURT, M. D. New York, BOERICKE & TAFEL.

WE do not wonder, in looking over this little work, that it has rapidly passed through its first edition, and that the demand for it is still so great as to call for a second. It would be superfluous for us to write an extended notice of a work which we presume is in the hands of the leading practitioners of our school, who have already subjected it to the test of their own practical judgment. Without pretending to any great originality, the action of the various drugs upon the different structures, and their characteristic peculiarities are so admirably grouped, and so clearly explained, as to render the work of real practical use to the busy practitioner in his daily work. It richly deserves a place in every physician's library.

Scientific Gleanings.

TRANSFUSION IN CHOLERA.—Dr. Hedder, of Toronto, in the recent cholera epidemic, when the patient was in collapse, and as it was deemed hopeless, tried the effect of transfusion of milk warm from the cow, with the most entire success. The vomiting and purging ceased almost immediately, the pulse became strong and the body warm.

MICROSCOPICAL APPEARANCES OF OVARIAN FLUID.—Much has been said of late concerning the microscopical appearances of the fluid of ovarian tumors, and many of the late writers upon this subject claim the existence of a *peculiar cell*, which is pathognomonic of this disease. Peaslee makes mention of an "ovarian glomerulus, or gorged granule," as being "characteristic when met with;" and Atlee describes the granular cell as pathognomonic of ovarian fluid.

T. Spencer Wells, in his recent work, "Diseases of the Ovaries: their Diagnosis and Treatment," gives his views, as follows:

"There are endless differences in the contents of ovarian cysts, and these differences seem to be in no way dependent on the form of the cyst, or the anatomical arrangement of their tissues. Even the many strange epithelial developments are not accompanied by any special kind of fluid."

The microscopical appearances are found to be quite as varied as the ocular, and are said to consist of, "*Fatty granules*," "*Globular aggregations*" (*granular cells of Atlee*), "*Large colorless colloid globules*," "*Similar colloid globules, inclosing one or several round granulated aggregations*," and those "which contain transparent flakes," "*Flat scales of horny crystals*," "*Cholesterine crystals*" and "*Pigment.*"

PURE WATER.—Water itself is a disinfectant; and a large volume of water, when exposed to the air, so rapidly "fines" itself by the oxidation of its organic impurities that, when cooled and settled or filtered, to remove its suspended ingredients, the water of most of our streams is even more palatable and wholesome than that taken from wells.

THE LIBERTÉ, a Paris paper, informs the world that the first operation of lithotomy took place on the 14th of January, 1474, on the person of a condemned criminal. The operation was successful, and the man received a free pardon from Louis XI, for having indirectly advanced the cause of medical science.

PLANTS IN SLEEPING-ROOMS.—Prof. Redzie, of the Michigan Agricultural College, gathered and analyzed specimens of air, taken from the college greenhouse, where more than six thousand plants were growing, to determine the amount of carbonic acid. The room had been closed for more than twelve hours, and yet he found the proportion of carbonic acid was absolutely less than in the open air without.

He remarks, if a room in which there are more than six thousand plants, while containing more carbonic acid by night than by day, contains less than any sleeping-room on this continent, we may safely conclude that one or two dozen plants in a room will not exhibit enough carbonic acid by night to injure the sleepers.

CHRONIC ULCERS.—Nussbaum, of Munich, has been very successful in healing chronic ulcers by an ingenious plan of his own. He narcotizes the patient and makes a deep incision entirely around the ulcer, and about one inch from the edge, checking the sometimes copious hemorrhage by strips of lint pressed into the wound. The next day the dressings were removed and the whole covered with lint kept wet with water, and the same dressing continued until the healing was well advanced. The last step in the treatment consisted in applying straps and bandages in the ordinary way. The *rationale* of the method is simply that the incision severs large numbers of dilated vessels that have furnished the ulcer with nourishment. The only source of supply left is the diminutive vessels which reach the surface from beneath. The material supplied by them is small in amount, and has time to undergo change into formative cells and connective tissues without being cast off at too early a stage by a new layer of exudation pressing it from behind, for whenever we have thick, creamy, and white or laudable pus, then we have new formations going on, accompanied by the development of connective tissues and the formation of young vessels as in every healthy sore.

BURNS.—Glycerite of Lime used in burns, is said by De Brayne to soothe the pain, and to prevent inflammation or diminish its intensity; it is prepared from recently slaked lime, one part; glycerine, fifty parts; chlorinated hydrochloric ether, one part.

ABSCESS OF THE LIVER OPENING INTO THE ASCENDING CAVA.—Dr. Leon Colin, Professor at Val de Grace, records (*L'Union Médicale*) a very remarkable, if not unique, case of this observed by him in his service at Val de Grace. At the autopsy it was found that an abscess of the liver had burst into the ascending cava, and that there were secondary purulent collections in the pulmonary parenchyma. During life these purulent collections opened into a bronchus, and the pus was expectorated, which led to the error of supposing that the abscess of the liver had penetrated through the diaphragm into the bronchi.

CANCRUM ORIS SUCCESSFULLY TREATED BY A SATURATED SOLUTION OF IODINE.—Dr. J. S. Miller reports (*Kansas City Medical Journal, Aug.*, '73) three cases of cancrum oris successfully treated by tonics, and the local application of a saturated tincture of iodine, prepared by putting as much iodine into the compound tincture as it would hold.

News Items.

OXYGEN.—Pure dry oxygen does not cause the oxydation of rusting of iron. Moist oxygen has only a feeble action. Dry or moist carbonic acid has no action, but oxygen containing traces of carbonic acid acts rapidly on iron, producing first a protoxide, then a carbonate of the same oxide, and lastly a mixture of protoxide and hydrated sesquioxide.

ANECDOTE OF THE LATE DR. NELATON.—The Paris correspondent of a medical journal gives a pleasant reminiscence of the celebrated Dr. Nélaton, physician to the late Emperor, whose death was recently announced by cable: "As I passed into the hall I heard groans, evidently of a child in great pain; the door leading to the sick ward was ajar, and I heard the voice of a man talking earnestly with a little sufferer. There was something very affecting in the imploring tones of the child's voice and the tender and sympathizing replies of the physician, and it seemed to me not wrong to witness unseen through the crack of the half open door the scene that was passing within. On a narrow pallet near the window lay a fine boy, nine or ten years old, dying of cancer developing itself between the eyes and behind the nose. It had not shown itself externally, but had destroyed the sight, and was attended by excruciating suffering. By his side sat a stately white-haired man holding with one hand the two of the little patient, while with the other he caressingly smoothed his hair. The child told the story of his pain, '*Ah, je souffre tant!*' ('Oh! I suffer so much'), to which the old man listened patiently, promising to devise some relief. Then he rose to leave, but first bent over the boy, and with tears dropping from his eyes, kissed his forehead as lovingly as a mother. The white-haired man was the world-renowned Nélaton."

DEATH FROM SWALLOWING AN ARTIFICIAL TOOTH WITH THE RUBBER PLATE ATTACHED.—Dr. Charles E. Van Anden, of Auburn, N. Y., for many years the physician of the Penitentiary Insane Asylum, met with his death recently from a curious accident. While sneezing, he drew into his throat an artificial tooth with the rubber plate attached. He attempted to draw out the tooth by means of forceps, but failed. Dr. Briggs also failed in every effort to remove it, and then forced it, as he supposed, with an instrument into the stomach. He died two days after the accident. On making a *post-mortem* examination, the tooth and plate were found about three inches below the larynx imbedded. It had ulcerated through the æsaphagus and formed an abscess, about the bifurcation of the bronchial tubes, which had penetrated into the lungs, producing hemorrhage and consequent death.

PROFESSOR HUXLEY, the recently appointed Lord Rector of the University of Aberdeen, proposes certain changes in the medical examinations. German or French is to take the place of Greek, in the preliminary examination, and the examinations in Natural History and Botany are to take place earlier in the course.

ERRATUM.—In the September number, in the notice of the Harrisburg Hospital: *for* J. L. McRechan, *read* J. L. McKeehan.

Original Articles.

MUSIC AS MEDICINE.

By A. K. Gardner, M. D.

"*And it came to pass, when the evil spirit from God was upon Saul, that David took an harp and played with his hand. So Saul was refreshed and was well, and the evil spirit departed from him.*"—1 Samuel, xvi., 23.

That fact, that music soothes the troubled soul, is as old as Holy Writ, and I have quoted the above passage to show that I do not pretend to give any novel views, but if I can induce you to consider the subject—if I can present to you any illustrative facts—if, after having gone through from the "firstly to the tenthly," safely passed the "finally" and the "to conclude"—if I shall then arrive at an "application," each for yourselves, the object I have in view will be accomplished.

Music was once judged to be but an amusement, as reading and writing were considered but luxuries, or essential appendages to professional men. The latter are now made compulsory in the diverse monarchical governments of Prussia and the Sandwich Islands, where every one is compelled to read and write; and the former is taught in the public schools of a large portion of this country.

But it is not with music as a luxury, a mere pleasure, nor as an essential to education, ranking with poetry as a refining, civilizing, elevating influence, which should, by permeating society, raise man from grossness to æsthetic elevation; it is not to music in these relations, fruitful as the theme might be found, that I desire to ask your attention, but rather as an influence, potent with prophylactic energy and curative capabilities—it is to music as a medicine that I ask your ears.

The poet has, in well-known verse, said:

"Canst thou not minister to a mind diseased;
Pluck from the memory a rooted sorrow;
Raze out the written troubles of the brain;
And, with some sweet, oblivious antidote,
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart?"

And H. Kirke White wrote:

"O surely melody from heaven was sent,
To cheer the soul when tried with human strife;
To soothe the wayward heart by sorrow rent,
And soften down the rugged road of life."

In fact, music is a subject, and all a poet wishes is a subject; and, once seized upon, he will twitter away forever; but the condensation of so much empty sound is but "nix"—his rounded verse being generally as glittering and as empty as a soap-bubble, the whole charm of it consisting in the light in which you may chance to view it.

Music, considered medicinally, may be classed under the heads of sedatives, stimulants, and derivants, and these are dependent upon the form of the medicine, the character and quality of the dose, and the manner of its exhibition.

We find its earliest sedative influence in the mother's lullaby, where its benefits are as conspicuous as those of Mrs. Winslow's Soothing Syrup, and even pleasanter to take. In later years, "the rain upon the roof," the trickling of the fountain, the tinkling of a distant cow-bell, or the grand diapason of Niagara's roar have equally soporific effects.

As stimulants we see the best evidences of its power in the energy which it gives to the soldier, who thereby forgets the fatigues of a wearisome march, and even the dangers of the threatening fight; under its inspiration "his soul's in arms and eager for the fray."

HOME MUSIC.

Practically, I believe a Steinway piano is a greater nervine than is contained in the entire pharmacopœia—for without it the pent-up energies, the uncalled for mental and physical forces of the entire American manhood would have no possible exit, and the sex would be compelled to retrograde to the horrors of the broom and other emblems of an effete utility, or come to a speedy end by spontaneous efflorescence. Most seriously, I think the physical exercise and nerve exhaustion, or relief from ennui—if you prefer another expression of the same idea—obtained through the piano are the saving of the entire sex from suicide or the lunatic asylum. Of course, when I refer to the whole female sex I mean the lilies of the field "who toil not, neither do they spin," who are "clothed in fine raiment and fare sumptuously every day." How many forlorn maidens have poured out their wails in the responsive cadences of a Chopin's nocturne, and the sympathetic pedal has been the only recipient of the soft beatings of many a stricken heart!

Indeed, the musician rushes to his favorite instrument for solace in every trouble of life; anger and revenge, no less than ennui and despair, are soothed by its magic power. Milton makes one of his characters say,

"I was all ear,
And took in strains that might create a soul
Under the ribs of Death."

I doubt if many deaths of musicians by suicide can be discovered, and among these few it will be observed, I think, that most of them who sought death *felo de se*, were temporally unable to find the musical instrument from which solace might have been attained. Of course the medicinal effect of music is through the nerves, and its best results are obviously upon diseases of the nerves themselves, or of maladies directly attributable to their influence. Accordingly we see that such diseases as St. Vitus' Dance are especially affected thereby. In some of the public squares of Paris the reveillé in the morning and tattoo in the evening at nine o'clock is regularly beaten by a band of twenty-five to fifty drummers. At this time it is customary to see some scores of children, affected by this nervous disease, there attendant, and their uncontrollable and discordant movements temporarily quieted by the powerful rhythmic influence of this strongly measured and regular beating. A stranger, casually passing, might not be sure that these children were thus diseased, unless he chanced to see them when the drumming ceased, and this magic restraining influence was withdrawn. The rehearsals of the boy-drummers in the various arsenals of this city might be advantageously utilized by those thus afflicted.

The nervous origin of many diseases is a fact of modern discovery, and the nervous treatment of these diseases is not yet fully understood. As for example, a half century ago, and diabetes was con-

sidered a disease of the kidneys. Twenty or less years ago, the local lesion of the kidney was discovered to be unimportant, and the result of overwork of this organ. The actual disease was then traced back to an imperfect action of the liver; which, failing to do its work effectually, threw extra labor upon the kidney. Later still, the reason why the liver did not do its duty was discovered, and to-day we know that it arises from a deficiency of nervous energy and stimulus. Over-anxiety, business cares, mental toil and fatigue are now generally recognized as the cause of diabetes.

A few years ago cancer was supposed to be the result of a blow, and a complaint generally considered to be necessarily hereditary. To-day, while a hereditary predisposition is recognized, we feel that the determining influence is mental. Brain-toil, worry of mind, family and business cares, and those almost unbearable anxieties of life accompanying failures, widowhood, poverty and suffering, are the origin of such nervous disturbances that the functions of the body are improperly carried on; the stomach loses its appetite, the food taken is imperfectly digested, badly assimilated, and the blood becomes depraved and its nutritive powers diminished; and a resulting cancerous diathesis is thus but the last link in a chain of circumstances of which corroding care was the initial one.

Those honest persons, of however a puritanical habit of thought, who see nothing but a prodigal expenditure of money and a profitless waste of time in the out-of-door concerts in the Central Park on the Wednesdays and Saturdays of the summer months, look at these recreations with a very narrow understanding of their beneficent usefulness. For myself, I believe that the weekly band-playing in the neighboring Tompkins square is of more worth than as many hundred tons of coal given to the surrounding poor during the succeeding winter.

Go down some day into the crowd gathered there, reeking under the burning sun of many succeeding torrid days. They have come from the garrets and cellars of that populous neighborhood. They are grim with toil and squalid with the rags of penury, but they gather round the music-stand, and by the exhilarating strains that are wafted thence they are lifted out of their misery, they rise above themselves, and in a heaven of heavens they forget all misery.

The German emigrant hears the familiar sounds, "On the Banks of the Blue Danube," and the past, both of time and place, comes back, swallowing up the present; the Irishman and the Scotchman see again "Kathleen, Mavourneen," or "The Bluebells of Scotland;" and the native American's heart beats with a new enthusiasm as "The Star Spangled Banner" is borne far and wide by the breeze. Here is food for after thought, and reminiscences for the jocund whistle; carking care is driven away, and black melancholy is forced to avaunt, and quit the sight of him whom misfortune has made to think that all was dark around. As a pleasant word and a cheering smile is a necessary accompaniment, and often more welcome than the alms bestowed with it, a city's charity should not consist merely of the quarter of a ton of coal and the grocery order. The public bath-houses, desirable as they are to purify the bodies, are not all that is desired; for the purifying of the mind, the cleansing of the spirit, the true lethean, which, while it produces forgetfulness of sorrow and pain, fills the mind with cheering thoughts, are equally desirable. It is not all of life to live.

I would not underestimate the miseries of the poor, but the few that suffer for the want of food and warmth are vastly outnumbered by those who are aching with grief of mind and penury of spirit. We can make many of these sorrows forgotten, and bring at least temporary oblivion to mental woes. The perambulating hand-organ carrier—perhaps as miserable as any—grinds out doleful charities, as he turns many distracted minds to more cheering reflections.

The capacity to enjoy music, in its various grades of excellence from the simplest ear titillation to the gorgeous sublimities of orchestral excellence, is a matter of comparative education mainly. It is therefore essentially proper that the first elements should be taught, with other first elements of knowledge, in our public schools. The degree of culture which the State should gratuitously give its people is a matter of proper dispute, but that some idea of music should enter into its course, few will, I imagine, question.

The sagacious man of business will not fail to educate his children in the elements of music. Not only will he find that his home is made thereby more attractive to them—the song and dance taking the place of more objectionable amusements—but he himself will find his brain, muddled by figures, wonderfully cleared up by his daughter's playing a bit of Schumann or Beethoven, or his son's fine voice ringing out in Blumenthal's "My Queen," or like lyric gems. Indeed, if he wanted to make it a business matter, he might figure the difference between the cost of a Phelan's billiard table and a Steinway grand, and then a second difference between the degrading effects of the one, and the elevating tendencies of the other.

But if the beneficial influence of music is thus perceptible in health as a tonic, as a change from the worry and turmoil of business as marked as the effects of a change of diet, a change of air, and a matter not for a summer or winter season, but for daily use, if this is evident, how much more so in sickness! The sickness of the body is notably greatly aggravated by the action of the mind. The depressing influence of mental trouble often renders medicines almost powerless, while an unexpected pleasure sends a new glow throughout the languid frame. At proper intervals the cheering influence of music might be beneficially added to the physician's tonics. There are often stages in febrile diseases and other wasting complaints, where life has hung upon a thread, where a cheering thought, a tea-spoonful only, of some stimulant, has kept the pendulum of life still swinging.

> "Music! 't is a generous wine!
> As its sweet waves flow in our veins
> Our hearts more lightly bound,
> And our eyes shine the brighter."
>
> *From the French of Auguste Barbier.*

Potential as is this power,—which Gottschalk calls "a psycho-physical phenomenon, in its germ a sensation, and in its full development an ideal,"—and especially powerful upon mental disquietudes, it is astonishing that so little has been done to utilize its cosmic force in the treatment of the insane.

MUSIC IN LUNATIC ASYLUMS.

It has been proposed that the musical bands which occasionally play in the Central Park and our public squares, should not be hired by the day or occasion, but by the season, and that they should play every day of the week throughout the city. If this welcome statement is true, I suggest that once every week—perhaps the rainy days, when out-of-door playing would be profitless—they devote to the insane poor at Blackwell's Island Lunatic Asylum.

The materialist may seek to account for the mental phenomena of the insane,—as the instrumentalist the inharmonious sounds of his viol in the gathering dampness or the contrary dryness,—now finding effusions and congestions and membranous inflammations and softenings of tissue, and with this coarse and general knowledge he applies as crude and uncomprehended remedies; but as he is powerless to discover the thought in the tissue of the brain, and as he is as ignorant *how* his medicines act upon nerve tissue as he is *how* the galvanic fluid transports metals and redeposits them, so is he ignorant *how* music calms, amuses, and cures. The great Schiller, in words translated by Arthur Matthison, thus beautifully says:

"Where'er throughout this mundane sphere,
With dulcet tone, fair Music lifts her voice,
As by enchantment, from the human heart,
She bears away its pangs;
Celestial attributes she owns,
And unto man, with heavenly sounds,
Recalls his immortality.
Thoughts born of earth no more oppress his heart;
O'er his rapt soul she pours the oblivious wave;
His sorrows melt, and in his wounds, with grace divine,
She sheds a pure and holy balm!"

If you will go into the squalid tenements, where poverty *stays*, not lives, the "application" will suggest itself to every heart. Mount up to the garret chamber; your way will be perhaps impeded by a group of children gathered upon the stairway and singing with infantile voices the songs they have learned in the primary school or the Sunday schools. They care little for the words. They may shout out, with those delicious child-tones, sweet as spring violets, that "they'd like to be an angel," but it is not true; they don't want to be, nor does any one else that I ever knew, unless anything was better than the suffering they endured. But they are not more responsible than is a parrot for swearing. Those little melodies cheer the parents' hearts and sweeten their toil, and their shoemaker's hammer or needle is plied the faster, and at the same time less laboriously, keeping time with the jocund song. In coming years these carols shall act as medicine to their *own* mental disquietudes. Whether rich or poor, these songs of childhood shall come back to the weary and suffering, souvenirs of youth and its coadjutant joys, of childhood's innocence and unsuspicious youth. They will float in the dreamy visions of the uneasy pillow, and they will bring forgetfulness of attending woes.

MUSIC IN SCHOOLS.

Believing this, is it not our duty to encourage the education of the children in the public schools in this æsthetic branch of knowledge? Is it not our duty to see that it is also taught efficiently, and by that I do not mean profoundly. We do not ask for instruction in thorough bass any more than in instrumental *tecnique*, but we especially wish that the music appropriations be not devoted to enriching piano-makers, in commissions to piano-buyers, nor for a sinecure to some partisan politician. Nor would I have the teachers mere musicians. An arithmetician may have for his aim simply to teach figures for so many hours for so much money; but he who teaches music in the public schools to-day, with the present general erroneous view of its dignity, its elevated aim, and its holy object, should be imbued with the lofty feelings which should animate the colporteur and the missionary of the cross of Christ. Music—the only language common to earth and heaven, the tongue of angels employed in the service of the Most High God—its teachers to sinless infancy—to the poor in health, in means, in spirit—these teachers should be no mere hirelings, hurrying through their brief hour, to speedily return to their haunts in the adjacent lager bier cellars!

Would that we had more Orphean schools among us! Would that we had more men imbued with the self-abnegation and high moral aim of Jerome Hopkins! for in this connection his name may be deservedly spoken in honor.

And here, perhaps, it may be well to reply to questions that I have frequently been called upon to answer professionally, and these questions refer to the local effect which is produced upon the organs especially engaged in the production of the musical sounds themselves.

SINGING WITH WEAK LUNGS.

"Do you recommend singing to those who probably inherit consumption and asthma?" "Are diseases of the heart aggravated by blowing hard instruments?" "What is the effect of vocal exercise upon children, 'pigeon-chested,' or otherwise deformed?" "Should those affected with diseases of the throat, tonsils and other appendages, having catarrh, etc., play upon wind instruments?"

General questions require general answers, and therefore without entering categorically into the consideration of these queries, it may be said that the great strain in singing and the blowing of hard instruments is not so much upon the lungs themselves, as upon the intercostal muscles, and the large pectoral and other muscles covering the ribs and the diaphragm, etc., below. It may be well to remember the general fact that the powers of the body are strengthened by proper use; and that more especially the blood should be kept circulating through the lungs; and that by active use, its impurities should *not* be allowed to collect and stagnate in its unused portions, as the dust and debris gather together in the nooks and corners of large apartments in our houses but partially occupied.

Even where there is serious local affection, absolute rest is not always essential, and the certain death that was the necessary result of an incurable disease did not seem to be hurried by the daily professional labors and serious exertions. Not only have I known music-teachers (who might be able to save themselves somewhat) but those taking the first operatic parts and many orchestral players on flute and clarionet, able to perform their nightly labor until prevented from so doing by general debility rather than from incapacity of the diseased lungs themselves.

In most diseases of the throat and bronchial tubes, singing is contraindicated, for here there is incapacity as well as inadvisability.

There is a *moral* result to be directly ascribed to musical study. The lover of music, habituated to glee or choir singing, is thereby not only a good citizen, but necessarily attains to a juster appreciation of himself, of life and its requirements. He finds his part written out for him upon the pages of his music book, and this part he must follow honestly, truthfully, unflaggingly, unswervingly. He sees the necessity of undeviating rectitude and prompt execution of his duty. He cannot deviate from the correct note, or painful discord is the result; he cannot fail to keep his time correct, or inevitable disturbance is the consequence. In after life, in his business arrangements, these musical necessities translate themselves into the business maxims of honesty and probity. The good "time-ist," will be prompt to his business appointments, well knowing how his failure to "come in" at the proper time, will "throw" all the others concerned "out." The man who takes his notes clean and without wavering, true to the tone, will have no business notes protested; you will not find his key to be one flat, nor will he, thus imbued with correct views of life's duties, attempt to "come it sharp" over his fellows.

Finally, the musical instruction of his youth will tend to give him a correct appreciation of himself and his capacities. He recognizes his natural limitations; if his voice is tenor, he has learnt the futility of trying to sing bass; if his voice is limited he will not attempt to squeak up to the C in alt, so glorious as it is in its clarion ring. Such a man thus taught is not found among the droning bores of prayer-meetings and Sunday schools, nor is his voice drowned by the impatient audience of political or other meetings. He has early learnt his powers and that his path of life is limited by his natural capacities.

Macready asked an actor, in the words of Hamlet, "Canst thou play upon the lute?" The stupid, forgetting the proper answer in the naturalness of the enquiry, replied, "I don't know, but I can try."

One of the most valuable parts of learning, is to *know what one can't do.* Some gruff-voiced men never learn that they can't sing treble or tenor. Such men who never know their capacity, are blundering through life; brought up farmers, they try to run a locomotive; shopkeepers, they try to keep a hotel; country-loungers, they accept any office that their uncle, the senator, can get for them; and thus our custom-house officials, our consuls and foreign ministers even, are filled by incompetent persons. These men who never learnt their musical part in youth, who never learn that a square plug will not fill a round hole, are those who were brigadier generals in the late war—the "accidental sharps" among our collectors—or that astute band-leader who prided himself on his *economy.* He said, "when he had a piece written in five flats, he never used but three of them."

Pertinent to this train of thought is the prospective action of the Board of Education. The President (who, by the way, has no business to be a member of the Board, while there are so many natives capable of properly filling the situation, inasmuch as he, if now a citizen, was not even an inhabitant of the State a year ago—but he is a finely-educated, finished gentleman, and every way an efficient man), Dr. Holland, is fully imbued with the idea not only of teaching children music, but also of teaching *by* music, as the drill is taught by taps of the drum or the bugle-call. Geography and morals, philosophy and arithmetic are to be musically drawn into the memory, in the train of some jolly tune, which shall have the same relation to the thought as a locomotive whistle has to a baggage car.

At the head of this is to be a musical superintendent to direct the instruction in all the schools of New York. What a sphere of usefulness is here opened! What a chance for immortality by doing a good work! Is there a man capable of properly doing this work? Is the individual to be found whose thoughts go beyond the salary to the inauguration of a new path for instruction—to self-forgetfulness and toil? Is there a man extant, possessing a knowledge of elevated music, who will not pander to the low taste that sees no music save in negro minstrelsy; to the puritanic severity that sees nothing lofty except in psalmody; to the hypercritical, that is content with the fossil era of Bach's fugues; to the enthusiastic dreamer in the music of the future? Is such a man to be found, practical and authoritative, having confidence in himself and inspiring it in others? To such a one let us lend our support; to the plan itself let us render every assistance. There is no reason why instruction should not be made pleasant. We cut off one's leg while in a dream of delight; we pull out one's teeth as he lays lapped in elysium. If we can drill the multiplication table and fractions into the brain by the tactics of "Captain Jinks of the Horse Marines," and all geography is to be found "In Dixie's Land," there will be little playing hookey, and parental indulgence will grant few excuses for shortcomings.

Now, ladies and gentlemen, I am done. If I have failed to place music as a necessity to man in a physical as well as moral and æsthetic point of view, believe it owing to the limited capacity of the speaker rather than any want or deficiency in the subject. It is the delight of youth, the stimulant of maturity, the solace of age, the panacea for every ill, the medicine to all.

> Oh, Harmony! the God's dear gift to man,
> How thrills my soul at thy supreme command!
> How to my heart thy liquid numbers speed;
> Thy many tongues of beauty speak,
> And sweet discoursings make of joy celestial!
> Spread thy resplendent wings,
> Bright child of Heaven!
> Float through the listening air,
> And, with benignant voice,
> Breathe thy rich blessings o'er the longing earth!
> Children of earth! hear ye the song divine,
> And grateful thank all-bounteous Heaven,
> Who gives ye music!

—From the Italian of Montelli, translated by Arthur Mattison.

237 *East 13th Street.*

The Connecticut (Allopathic) Medical Society has appointed a board of censors, whose business it will be to examine candidates for admission to the medical school. In future, something more than a good common-school education will be required.

THE PATHOLOGY OF CERTAIN DEFORMITIES OF THE EXTREMITIES.

By George H. Taylor, M. D.

The deformities which are the subject of the present inquiries may be ranged under the following heads :

Permanent muscular contractions, producing flexion of joints with restricted or entire loss of motion.

The contraction is caused by morbid nervous stimulus, derived from diseased nerve centres. The deformity thus occurring, is liable to become permanent, for reasons hereafter explained.

Deformities every way similar, produced by the shortening which occurs in atrophied muscles caused by some obscure fault in the nutritive system.

Deformities caused by a prolonged fixed position of joints, whether flexed or extended. Continued fixed position is sometimes rendered necessary by great weakness, preventing due motion of moving parts. Rigidity of position is sometimes enforced by local ailments, resulting in loss of power and deformity.

Deformities produced by cicatricial contractions, following wounds or abscesses in the vicinity of joints.

Deformities produced by rheumatic inflammation, through its effect both on the tissues and mechanical co-adaptation of the parts composing the joints; and also, by its effect on the muscles and areolar tissues which are related thereto.

Deformities caused by infantile and by adult paralysis, whenever opposing muscles lose their equipoise; extremities are thus caused to diverge by yielding to the action of the stronger muscles.

It will be seen that the above causes include a large majority of deformities to which the extremities are liable.

It is not the purpose of the present inquiry to include only those milder cases necessitating the use of crutches and other assistants to locomotion, but also those cases that are absolutely and permanently helpless, for which braces and supports have been found to afford no aid, and for which tenotomy and other resources of surgery have also proved useless.

It is my desire to present for the consideration of physicians and others, certain principles in the pathology of these cases which have hitherto been neglected; to adduce most satisfactory evidence of their importance as guides in practice; to show their great value and their availability in securing restoration, even of cases which must otherwise remain permanently deformed and helpless.

It is also important to show, what it ought to be unnecessary to show viz.: that the treatment based on the exterior manifestations which constitute deformity, is practically, as well as theoretically, far inferior to that which is founded on the real interior condition of the tissues involved.

What anatomical elements are involved.—One element of disability lies in the joint proper. This may have suffered from inflammation, more frequently of the rheumatic variety, by which the coalition of parts has become deranged, or a product of inflammation offers a mechanical obstruction to motion.

Another element of disability consists in the retraction and shortening of both muscles, and of areolar tissue, and a suspension of the active, working power of muscles. This compels the joint to remain in a fixed position, usually at some angle.

Still another pathological consideration is involved in a large number of cases. This is, the diseased condition of the nerve centres, which stimulates, impels the muscle to contract. But, since this condition, and the principles and methods necessary for removing it, are fully discussed in my work on "Paralysis," I shall omit in this plan further reference to this department of the subject.

From this statement of causes, it will be inferred that the problem presented for solution in cases of deformity is far more complex than usually enters into the computation of the physician, surgeon, or orthopædic specialist. For if the original and causative affection exists in the spinal or cerebro-spinal centres, it is not enough to remove the cause there located, but those *effects* which have become secondary causes. These are, loss of muscular nutrition and muscular substance; the loss of the mechanical properties, not only of muscle, but also of the areolar tissue, which in some of its forms serves as the connection between muscles and osseous frame, and through which all locomotive power is transmitted.

If the cause is referable to some local malady of long continuance, still the effect, so far as locomotion is concerned, is not remedied by the removal of the causative affection. There still remains the fixation of joints and the immovability of muscular and areolar tissue, which often defeats the best efforts of skillful physicians to restore. Even if he considers properly the mechanical nature of the impediment to restoration, the practical adaptation and application of the *direct* means for its removal, he has neither the patience nor skill to apply; but is usually content to recommend supports and other mechanical palliatives.

If the cause lies in some vitiated condition of the blood, giving rise to local manifestations, as in rheumatism or scrofula, the physician is ordinarily at loss for means for removing the swelling, the *adventitious* tissue, and of restoring both suppleness and power, after his skill has fully subdued the primary cause.

Condition of muscle, in permanent contraction.—He must understand the structure and action of healthy muscle, in order to fully understand its wants in disease.

Muscle is made up of bundles of fibres, and these again of smaller fibres or *fibrille*; this last is composed of a longitudinal arrangement of ultimate muscle-cells. The act of muscular contraction, as when an arm is moved, consists in the change of shape of the cells of fibrillæ, these cells being flatter and broader. A portion of the cells only of a fibril contracts at the same time; each contraction is succeeded by relaxation of the same cells, while others engage in the act; so that muscular action really consists in the *change of shape*, the alternate flattening and lengthening of a multitude of cells joined endwise.

The normal action of muscle is controlled by nerve stimulus. The degree of rapidity and the extent of action depends on the energy derived from nerves. But, after being for some time interrupted, the muscles lose their obedience to the stimulus. There is diminished contractile sub-

stance composing the muscle, and there is an indisposition on the part of cells and fibres which have been long in contact to allow the contact to be severed. There is evidence that tissues thus circumstanced become adherent. The fact that when exterior mechanical power is so adapted to overcome and sever such adhesion, power is soon regained, is quite conclusive in this direction.

The absence of functional duty on the part of muscles is always followed by deterioration of substance, whether this absence is caused by withdrawal of nerve stimulus or any other of the causes cited. The shrinkage of muscle-cells shortens the muscles which they go to form. This effect takes place with greater rapidity than is usually imagined. The partial disuse of the leg caused by sciatic pain rapidly softens the flesh and diminishes the circumference of the thigh one or two inches in a few months. In a case of a rheumatic affection of the knee, which had continued ten months, the leg measured two inches less than its fellow, and the difference in degree of solidity was conspicuously evident. In infantile paralysis, the muscles often waste away to mere cords.

The shrinkage of muscle-cells, inevitably connected with non-use, *shortens* the muscles. But, since the opposing muscles of an extremity are not of an equal power, those having most power necessarily overcome those of least, and then results actual diminution of length only on one side. This permanent contraction necessarily causes the extremity to which such muscles are attached permanently to diverge, and the joint to be fixed in a bent position.

In case of spasm from nerve irritation, the muscular contraction occurs first, and the lack of control causes the deformity to become fixed and permanent. Indeed, there are many modifications of the *process* of contraction, but all end in one uniform condition—permanent shrinkage, loss of contractile power and of the normal interchange of matter which constitutes muscular nutrition.

Sometimes the loss of the substance contained in the muscle-cell is replaced by *fat*. The lack of power in this case is the same as before, but there is usually no shortening. The fatty condition of the muscle does not, however, require a different treatment, but is fully amenable to those curative processes which restore muscular nutrition and growth.

Condition of areolar tissue in deformities.—The morbid condition of the muscles is, however, but one element in the pathology of deformities arising from contraction. Contraction of the areolar tissue presents a far more formidable obstacle.

The muscles are interpenetrated and sustained by an intimate network of areolar tissue, consisting of interlacing elastic fibres. Toward the ends of the muscles these fibres become condensed and adherent, and finally connect the muscles with bones, and thus serve as the medium for the transmission of power. The vessels and the nerves are also sustained and protected by the same tissue.

The function of areolar tissue is eminently mechanical, and is variously expressed. The network described as investing and interpenetrating the muscles while sustaining them, readily yields to all motions caused by muscular contraction. But the elasticity of this tissue acts like a spring in aiding to restore the contracted muscle to its original position. This action involves to a large degree the gliding of the fibres of this tissue upon each other, whenever they are in contact, whether parallel or crossing each other at whatever angle. It is hence evident, that this capacity of *gliding* in every direction of all fibres in contact, is an essential property of areolar tissue, without which little, perhaps no, movement of the extremities would be possible.

Intermingled with the smoothly gliding fibres, there is also another kind,—the elastic fibres. These fibres increase the elasticity of the tissue, and aid more completely to effect the restoration of displacement caused by every muscular movement. The gliding of fibre is also necessary as regards this as other forms of tissue.

The importance of these properties of areolar tissue to the mechanical functions of the body and its parts cannot be overestimated. The loss by the fibres of this tissue of the property of freely and smoothly gliding upon each other and upon the muscular fibrillæ with which they are in constant contact, involves nothing less than the suspension of mechanical function,—involving nothing less than the power of locomotion. The action of the too feeble muscles is effectually blocked; permanency of form succeeds the elasticity which characterizes animal tissue endowed with full vitality. The joints are allowed to become rigid in a fixed position.

The loss of function of the areolar tissue inevitably takes place in all cases of deformity with absence of motion. But in many instances, there is an additional complication, putting the case still further beyond the reach of ordinary remedies; or rather, relegating it to the control of the sole remedy adapted to the case. The condition now referred to is the *adhesion*, sticking together, or agglutination of the interlacing fibres, and adhesion of these fibres to muscle. In case of rheumatism producing deformity, such adhesions and agglutinations are quite evident. The effusion of plastic material, which is the constant product of this inflammation, serves as a cement, binding together all the fibres in the inflamed region. In case of cicatrices, a similar agglutination of fibres is presumable, and for a similar reason. In this case, also, the loss of muscular substance resulting from abscesses, etc., produces a closer approximation and condensation of the fibres of this tissue, which causes shrinkage and the deformity which characterize repairs of tissue in general.

But joints become fixed and immovable in the absence of every sign of inflammation. It is only necessary that there shall exist a degree of weakness which prevents the employment of muscle during a considerable lapse of time; in some cases, years are required. Under these conditions the muscle-cell becomes shrunken, the areolar fibres refuse to yield to treatment, the elastic fibres become rigid; and if these several kinds of fibres have not become adherent, they at least comport themselves as though they were joints related to fibres that have lost their several distinctive functions, are rendered useless, flexed, and immovable. The absence of spasm and of previous inflammation is no guarantee that interlacing fibres are not adherent; while the absence of the power of motion, and the restoration of such power on supplying the remedy solely adapted to remove this special obstacle, affords proof that adhesions existed.

In the deformities caused by *infantile* paralysis, or the paralysis of growing children, substantially the same mechanico-pathological difficulties are presented. There are, besides, others added, arising from diminished growth of the paralyzed parts. This allows the non-paralyzed muscles to gain more power, which, not being counteracted by the opposing muscles, not only cause the extremity thus affected to diverge, but sometimes the bone itself yields to the strongest pressure and becomes moulded to abnormal shapes. Another difficulty occurring in these cases is the substitution of fatty matter in muscle-cells giving a fictitious appearance of muscles where they do not, in fact, exist.

We have now arrived at a definite conception of the obstacles which it is necessary to remove in order to remedy the kinds of deformity under discussion.

The work to be done to effect restoration may be stated as follows:

To restore muscle-cells to their normal size by increasing their nutritive activity. In acquiring volume, muscles are also increased in length and in power to move and control the joints of defective members.

To sever attachments and break up adhesions of contiguous parts; and restore the gliding motion of the separate fibres of areolar tissue, thus rendering it perfectly elastic and yielding to the slightest manifestation of muscular power.

To secure the removal of those effused matters which constitute swellings.

To cause absorption of the fatty matters contained in muscle-cells, and the restoration of their normal constituents.

Self-evident as are these statements of principles, our orthopædists appear to derive no practical suggestions from them. Neither have physicians seen fit to criticise the methods pursued by surgeons and specialists in deformities, or in any way shown that there are important *vital* as well as mechanical indications to fulfill, and that the latter must always prove insufficient while the former are neglected.

To render my meaning more clear by contrast, it is proper to advert to current practice in deformities produced by contractions. The orthopædist seems generally to regard these deformities in just the same way as they appear to the eyes of relatives and friends of the sufferer, viz: as presenting a mere mechanical problem for solution. The truth, as all have seen, is, that these difficulties are based on defects of a vital nature, and will find their true remedy in the correction of vital action. The curative method usually dictated by this imperfect and inadequate conception consists in extension, or direct pulling in the longitudinal axis of the extremity. Of course, a multitude of different devices calculated to effect the object is possible, and the chief difference of treatment supplied by different orthopædists is nearly limited to varieties in devices to carry out this idea of mechanical extension.

It is plain that if the therapeutic indications are such as have been above pointed out, mechanical traction can do very little toward responding to them; that is, vital structures which subsist and act through interior changes should not be treated like inanimate, extensible, homogeneous objects. There may possibly be forced external conformity, but not internal recovery. Neither muscle, nor areolar tissue, nor tendon are, as such, even sought to be benefited. The cells of the former remain shrunken, in spite of extensory forces, and though areolar fibres be ruptured, their gliding property is not thereby improved. The elasticity of fibres is prevented rather than increased by the continuous strain of stretching. The instruments required for the purpose of extension are liable to compress circulatory vessels, and to hinder rather than promote the access of blood. It hence appears that recoveries which follow treatment by simple extension are not its direct effect, but indirect and secondary, requiring a great deal of time.

A very simple illustration will perhaps aid the comprehension of the relative curative value of the two methods now brought into comparison. One end of a cord being made fast and immovable, if one makes traction at the other end, the fibres of which it is composed are compressed firmly together by the act of pulling; they are caused to coalesce and offer united resistance to the force thus applied. The cord stretches but slightly, the fibres nowhere yield; and on relaxation of the force applied, the cord has suffered no damage; it is exactly as before the experiment. It is only by using great power that the cord is broken.

If we really desire to weaken the power of resistance without destroying the individual fibres of the cord, we pursue with it a course exactly opposite. We *separate* the fibres, by applying power at right angles to their longitudinal axis. The effect is seen by slightly untwisting. The fibres now glide upon each other with the utmost facility; they act independent of each other; they no longer coalesce; their power of resistance vanishes, and they readily yield to any opposing force.

The remedy for an infirmity should bear some philosophical, not to say intelligible, relation to it. While forcing an apparent and external conformity to the needs of a case of deformity from contraction, the very pertinent inquiry respecting its subjective needs, remains unanswered. But the subjective or interior requirements are the really important ones—in fact, as relates to treatment, almost the *only* ones. Vital development, activity of muscle, facility for ingress and egress of blood, perfecting of local nutrition—these are certainly not any direct results of traction and confinement. Elasticity, yielding and gliding of fibres, are absolutely prevented by this species of interference. The true and direct remedy can only consist of such means as most completely and directly remedies defective local nutrition, and which secures separation and separate action of interlacing and adherent fibres.

There are, however, certain compensating advantages in the treatment of contractions by supports, especially in cases of the lower extremity. The instrument serves to continue the extremity to the ground, thus placing the parts in a more natural and desirable position, and, spite of abovementioned difficulties, strength is sometimes slowly gained, and recovery rendered possible. The instrumental treatment is often better than none, since effects desired are acceptable from indirect sources, when the direct is unattainable.

To facilitate instrumental extension of contracted muscles and flexed joints, the severing of the tendons which connect the muscles with the osseous frame is not unfrequently practiced. This operation is, in general, quite unnecessary, as the method

hereafter described is much more than a substitute. The operation of tenotomy neither aids development of muscle nor facilitates areolar divulsion, but prevents both, at least for a time. It is also less certain to secure straightening of limbs, and when comparatively successful is slower in accomplishing the object.

A CASE OF MEMBRANOUS CROUP IN AN ADULT.

By Henry F. Aten, M. D.

Mrs. G., æt. 23, six months advanced in pregnancy, sent for me on the 19th of April, 1869, to treat her for what appeared to be a severe cold. I found her very hoarse, with a severe metallic cough, high fever and great thirst, with soreness of the larynx and windpipe. On examining the throat, there was no inflammation of the fauces. I prescribed Pot. Bichrom. and Acon. in alternation. On the next day the condition of the patient was much worse. There was complete aphonia, and on examining the throat the epiglottis presented a membranous deposit. I saw then the nature of the difficulty I had to deal with, and apprised the family of the danger attending it. Continued the same remedies. Saw her in the afternoon of the same day, when there was great difficulty in breathing, and the membrane could be seen more distinctly upon and around the epiglottis. Made no change in the treatment. On the morning of the 21st she had passed a piece of membrane as large as a ten-cent piece. Gave Stib. and Pot. Bichrom., with an occasional dose of Acon.

April 22d. A few more pieces of membrane were set free, with considerable relief following therefrom. Continued remedies.

23d. No material change.

24th. As I entered the room I was handed a piece of membrane 2½ inches long by 3¼ inches wide, presenting the impressions formed by the rings of the trachea. This had been expelled by a severe fit of coughing, after which there was great relief in breathing, followed by speedy convalescence. Altogether, this was one of the most interesting cases it has ever been my fortune to observe. How much of the favorable result was directly due to the agency of the remedial measures made use of, cannot possibly be asserted; but it is fair to infer from present knowledge concerning the action of the remedies, or principal remedy used (Kali Bichrom.), that much of the result was due to medicinal action. A feature of the case worthy of note was the entire loss of vocal power, the patient losing the ability to sing, which she possessed in a marked degree previously. At her confinement, however, which took place three months afterward, she regained her voice to a considerable extent, and is now in the enjoyment of excellent health. Of course, I was careful to preserve the membrane, and it now occupies a prominent place among other specimens in my office.

34 *Hanson Place, Brooklyn.*

Hemorrhoids in Parturient Women.—A writer in a French journal recommends the application of a lump of ice inclosed in a bag of rubber or goldbeater's skin, and renewed as often as it melts.

A CASE OF CHEMOSIS CURED BY GUARÆA.

By Abel Claude, M. D.,

Late Chef de Clinique, Hôpital St. Jacques, Paris.

X——, a porter, sixteen years old, lymphatic temperament, subject to bad hygienic influences, called upon me on the 5th of October last with chemosis of the right eye, which had existed for about twelve hours. The swollen conjunctiva was of a brilliant red, with a purplish tinge, elevated into a kind of roll or cone around the margin of the cornea, and, surrounded by this swelling, the dilated pupil looked like a dull black spot. It was impossible to invert the upper eyelid, so great was the œdema. A sero-purulent discharge ran from the eye in such quantities that two large handkerchiefs were saturated with it during the morning on which he came under my care. At this time there was no pain and no fever, although during the previous night he had suffered terribly with shooting and tearing pains in the eye, frontal cephalalgia and intense thirst. These symptoms, however, had disappeared; he was able to bear considerable pressure on the eye, and the sight was unimpaired.

By questioning him very closely I found that for two months he had been suffering from an attack of acute blennorrhagia, with a profuse greenish discharge, painful micturition and nocturnal erections. The lymphatic glands in the groin were slightly enlarged, and likewise those extending from the knee to the scrotum, but there was no evidence of syphilitic infection. The patient was so filthy and ignorant that I concluded the case to be one of self-inoculation from the urethral discharge, although I had no direct proof of the contagion.

I was compelled to assume this hypothesis, since I could not consider it a case of metastasis while the blennorrhagic discharge was still existing. The blennorrhagia held the same relation to the chemosis, in my opinion, as a cause to an effect, and consequently the prognosis was unfavorable.

We know the barbarous treatment adopted in these cases by the old school—large, general and local bleedings, scarifications, punctures, vesications, purging, vomiting and mercurial frictions. Fortunately, I remembered the treatise on *Guaræa* by Dr. Petroz, who has so admirably deduced the clinical indications which are to be learned from the pathogenesis of drugs, and I prescribed: Tr. Guaræa, gtt. v.; Aquæ distil. ℥ v. Tea-spoonful every two hours.

I likewise ordered a compress of cold water to the eye and the use of a suspensory bandage.

October 8th, X—— came again. The cure of the chemosis has been complete since the 7th inst., and no swelling or vascularity of the conjunctiva can be perceived. A peculiar condition, however, has been left. There is a perceptible diminution in the natural volume or size of the eye, and the relative proportion between the two eyes is so apparent that the patient himself, stupid and unobserving as he is, called my attention immediately to this remarkable effect.

The etiology of this chemosis, which was so rapidly overcome by the *Guaræa*, induced me to try the same remedy for the urethral inflammation, but without any effect. At the end of a week's trial I resorted to the ordinary remedies, and, under the

use of *Cannabis* and *Cantharis* in alternation, the patient was finally cured. At the end of a month the discharge entirely ceased, and my patient was well.

Subsequently I made some researches in the *Etudes de Thérapeutique*, which my excellent master, Dr. Cretin, erected as a monument of filial devotion to the memory of Antoine Petroz, and I found there a case of traumatic chemosis which occurred after the operation for cataract, and was cured by the twelfth dilution of *Guaræa*. Consequently we must admit the perfect homœopathicity of this drug, which, in two cases, similar in their symptoms, although contrary in their origin, produced the same happy result, notwithstanding the posological difference in its use.

THE USE OF SPIRITUS TEREBINTHINÆ BY INHALATION.

By L. Traneus, M. D.

Notwithstanding this drug has long been in use both empirically and homœopathically, yet its provings have never been as full and satisfactory as could be wished or as its merits warrant. In comparing the different authors on Materia Medica we generally find the following effects given as the leading ones, viz:

1. The ganglionic nerves of the uro-genital system whose mucous membranes are involved.
2. Both the ganglionic and the sensomotorial nerves of the whole intestinal tract.
3. The sensitive nerves of the head.
4. Several nervous diseases of a chronic character.
5. The skin—by external application.
6. The lithic-arthritic diathesis.
7. Against intestinal worms.

Besides these, certain authors give some vague hints as to the use of turpentine in pulmonary diseases. It is in accordance with this that a new and broad path has been opened by the experiments made by Prof. Huss in Stockholm, Sweden, about 1858 and the following years. He commenced to use the Spir. Terebinthinæ consequentially in all cases of chronic or adynamic inflammation of the lungs, thus: In the grey induration, chronic bronchitis, infarctus, pulmonary gangrene, and those cases of typhus and typhoid fevers where the lungs were deeply involved. It is to be observed that the medicine was administered in the large doses characteristic of allopathy a decade since. Yet the success of the treatment led me for several years to administer the turpentine by the way of inhalations, which have always proved successful. Now the question may arise, is the action of turpentine to be regarded as opposing any disease of the lungs,—allopathy,—or does it act according to the law of *similia similiis?* According to the above statements, as drawn from all experience, the turpentine is irritative to all the mucous membranes, and also to all of the eliminatory canals of the larger and smaller glandular organs. Thus it irritates the epithelial lining of the nasal cavity, the throat, the larynx, and the bronchia to their extreme terminations as air-vesicles, which are formed of a thin membrane of elastic tissue, covered by ciliary epithelium (*"Flimmer-epithelium"*). Nearly all these mucous membranes contain elastic tissue; they are likewise nearly all covered with the same kind of epithelium. We may therefore conclude that the same medical agent *must* have a similar effect on surfaces which possess the same anatomical formation. Indeed, turpentine must be rationally regarded as homœopathic to diseases of these organs. The above-reported method of its use by Prof. Huss was not homœopathic, but the modification of it by inhalation, which I have brought into practice, may be so regarded, as the gas of the Spiritus Terebinthinæ is spread out over an immeasurably extensive surface by the interstices of a sponge or the minute filaments of cotton, etc. In this way it is thoroughly diluted with air, so as to be easily inhaled, thus producing a local irritation, which may be requisite to arouse the slow reactive power of the inflamed mucous membrane. From another point of view—if we consider the lungs as secretory organs, as possessing the same anatomical structure as the salivary glands, etc., and the bronchia for their eliminatory canals—we will arrive at the same conclusion. For turpentine, given in large doses, has been found irritating to such glandular organs and their excretory canals. Thus it acts homœopathically, if used in diseases of those organs.

As to the manner of using Terebinthinæ in these conditions, it may be added that a common smoking pipe of chalk, which has never been used for tobacco, affords the best apparatus for these inhalations. It should be filled with a small sponge, or with cotton, and about a tea-spoonful of Sp. Terebinthinæ should be put upon it for the imbibition of the sponge or cotton. It is not to be lighted. The patient, placing the pipe in his mouth, draws deep and long inspirations, whereby the gas of the turpentine, together with the air, fills the air-tubes and penetrates into the air-vesicles of the lungs. In inhaling it a rather agreeable taste of resin will be noticed, together with the fragrance of violets. Occasionally at first the inhalation provokes slight coughing and expectoration, which soon subsides, and rapid improvement usually speedily follows under its administration. It should be used from three to six times every day.

227 Atlantic Avenue, Brooklyn.

RESEARCHES IN REGARD TO THE RESPIRATION.

By Ernst Lockenberg,

With the assistance of Professor A. Fick, *at the Physiological Laboratory, Würzburg.*

Translated and Condensed by William N. Guernsey, M. D.

Many experiments have been made by renowned scientific enquirers to determine the relations of the pneumogastric nerve to the respiratory movements, although as yet without having attained corresponding results. Not long ago, indeed, the various authors held diversified and clashing views upon this subject.

While some claim that upon irritation of the central end of the divided vagus the diaphragm always assumes an inspiratory position (Traube, Kölliker, H. Müller, Snellen, Lindner, Löwisohn, Bernard, Gilchrist, Funke, Schiff), others assert it

to take that of inspiration (Eckharrdt, Budge, Owsjaunikow), and yet others that it assumes either the position of inspiration or of expiration, according to the strength of the current applied (V. Helmoltz, Aubert, and Von Tschischwitz).

J. Rosenthal endeavored to bring these contradictory views into harmony in his work entitled "Respiration and Its Relation to the Vagus Nerve." According to his opinion, some of the investigators must have either been grossly deceived, or, what was more probable, an important circumstance must have been overlooked by all of them. From his experiments, which were made with great care and thoughtfulness, he came to the conclusion that the latter must be the case, as these varying results may be dependent upon the jumping over of the current from the vagus to the superior laryngeal nerve, and that the experiments made by the others were faulty, as the two nerves were not properly isolated.

When he carefully isolated both nerves, he obtained, upon irritation of the superior laryngeal, retardation of the respiration, and, under great irritation, an expiratory tetanus; whilst, by exciting the pulmonary branches of the par vagum, acceleration of the respiration was obtained, and, with great irritation, inspiratory tetanus. He summed up the results of his investigations in the following paragraph:

"Respiratory movements are excited by the irritation of the blood upon the central organ of respiration. The transition of this irritation to the respective nerves and muscles finds a resistance by which the constant excitation is transformed into rhythmical action. This resistance is diminished under the action of the nervus vagus, increased by the influence of the superior laryngeal."

The question of the relation of the pneumogastric nerve to the respiratory act seemed with this to be solved, and the contradictory views of the authors upon this point to have found an explanation. Yet Rosenthal even was compelled to acknowledge that by slight irritation of the par vagum, expiration, and not inspiration, resulted, and he could not absolutely deny Traube's theory, that the electrical irritation of the vagus sometimes, in consequence of the painful sensation, acted inhibitory, and produced expiratory movements, unless he doubted the sensitiveness of the vagus. Moreover, further observation proved that frequently expiration resulted from irritation of the vagus, even in those cases where it and the superior laryngeal were carefully isolated, and no transmission of the electric current from one to the other could be possible. The theory brought forward by Burkart and Pflüger, that the inferior laryngeal nerve also supplied inhibitory fibres, did not fully explain these contradictory theories; but, finally, the beautiful experiments of Breuer and Hering brought new light upon the question.

They struck out in an entirely new path of investigation, and arrived at the conclusion that the peripheral ramifications of the pulmonary branches of the pneumogastric not only contain inspiratory fibres, but also expiratory ones; and the fact that by irritation of the vagus the diaphragm may assume either the position of inspiration or expiration, is, therefore, no longer surprising.

Breuer opens his article, "The Self-Control of the Respiration Through the Vagus," with the following sentence:

"The expansion of the lungs acts reflexly inhibitory to inspiration, but conducibly to expiration, and the more forcibly the greater the expansion: this action is conditional to the integrity of the par vagum, and the fibres acting in this way upon the medulla oblongata run in its course."

In order to convince myself of the accuracy of this proposition, I made a series of experiments, all of which led to the same results as given by Breuer. The method and manner of performing the experiments were as follows: A T-shaped tube was fastened air-tight into the trachea of the animal to be experimented upon, and to the arms of the tube were fastened two leather pipes. The shorter pipe was furnished with a side opening, through which the animal breathed, and where, also, artificial respiration was produced; the other one was attached to the manometer of a kymographion. A glass tube served for the manometer, which was fastened air-tight at one end to the tube, and hermetically sealed at the other with a thin elastic membrane. To the rim of this was glued on, perpendicularly to the axis of the tube, a slender rod, which was provided with a pen for tracing the curves. When the respiratory tube was closed, the vibrations arising from the respiratory motions were imparted to the elastic membrane, and thence to the pen. During the experiment an electro-magnet marked at the same time metronome time.

First Experiment.—A rabbit was made apnœic by energetic artificial respiration, and then the lungs were inflated, and the tube closed. The first respiratory movement was not inspiratory, as one might suppose from the communication with the air being cut off, but an expiration.

Second Experiment.—The lungs of the same rabbit were inflated after it had been made dyspnœic, by closure of the respiratory tube. Notwithstanding the dyspnœa, no inspiration followed; the first motion was that of expiration.

The results here described occurred in great regularity in a large number of experiments which I have made, and it is well established that, with the expansion of the lungs, there exists a hindrance to inspiration and an incitation to expiration. Without entering into a further discussion to refute the theoretical assertions that these appearances do not arise from the expansion of the lungs, but from other factors, as, for example, a greater or less abundance of oxygen in the blood, or circulatory derangements, I will only cite as a proof that the nerve fibres which, by inflation of the lung, act inhibitory to inspiration and promotive of expiration, originate in the vagus, that whenever I divided it the inflation of the lung produced no effect either upon inspiration or expiration, and therefore verifies the observations of Breuer and Hering.

The second proposition which Breuer and Hering bring forward in their paper is that, "by diminution of the volume of the lung, every active expiration will be momentarily assisted, and an inspiration will immediately follow."

The following facts favor this view, which I have found confirmed in every particular:

Upon opening the thorax of a rabbit, and producing a collapse of the lungs thereby, there immediately appeared an inspiratory spasm of the nose, which only passed off with the increasing dyspnœa. If I performed artificial respiration, and continued it until the animal lay quietly without breathing, and then, by suction of the trachea, produced a sudden collapse of the lungs, in the majority of the

cases the apnœa was immediately arrested by an energetic inspiration.

After having made the animal dyspnœic, and by inflating the lung produced an expiration, I could immediately increase the latter by exhausting the air from the lungs, and then the labored expiration was promptly followed by a deep inspiration.

Finally, I will also add that, after the division of the vagus, suction upon the lungs had no influence either upon inspiration or expiration. All the experiments cited in this chapter demonstrate the correctness of the theory of Breuer and Hering—first, that changes in the volume of the lung, either expansion or contraction, reflexly affect the respiration; and secondly, the filaments which produce the various reflex movements extend to the ramifications of the pulmonary branches of the pneumogastric. Consequently, the view of Rosenthal is refuted, that if expiratory fibres are only found in the superior laryngeal nerve, the inspiratory ones exist in the contour of the lung, and the discovery of Burkart, that expiratory fibres exist in the inferior laryngeal nerve, receives further confirmation.

In making these experiments several things have occurred which appeared so remarkable to me that I have paid especial attention to them. Prof. Fick has already observed, in repeating Breuer's experiment, that when dyspnœa is produced, it is of longer duration if the lungs are inflated than if collapsed.

At Dr. Fick's suggestion I have made several experiments with this in view, and, relying upon them, will assert the following: *Existing apnœa is protracted by inflation of the lungs, but cut short in the majority of cases by exhausting them; or, at least, it is greatly shortened.*

The following experiments prove the justice of my assertion:

Experiment I.—The experiment was made upon a rabbit, the preparations for which being made as previously described. Artificial respiration was energetically made for one and a-half minutes, and the respiratory tube was closed. The animal lay twelve minutes quietly without breathing. Then artificial respiration was again performed, and the lungs inflated previous to the closing of the tube. Now, it was one minute and six seconds before the animal commenced to breathe, and the first respiratory motion was an expiratory one. Once more artificial respiration was performed, and the lungs exhausted of air before the tube was closed. The animal inspired immediately, and the dyspnœa ceased.

Experiment II.—Artificial respiration was also produced for one and a-half minutes on a rabbit, and then the lungs inflated—the apnœa lasted fifty seconds. After the animal had breathed quietly for some time, artificial respiration was again performed for the same length of time, and then the air sucked out of the lungs. Now, it was only ten seconds before inspiration occurred.

Omitting all comment upon any theory dependent upon these experiments, I will state another observation which I made, together with the experiments which led to it.

If the respiratory tube be closed without artificial respiration having been previously performed, the frequency of the respiration is notably less when the lungs are previously in an inflated condition than when collapsed.

In the experiments cited below, I have made one minute as the measurement of time for the duration of each experiment.

Experiment I.—With the lungs inflated, there were fifteen respirations per minute; with the lungs exhausted, there were seventy respirations per minute.

Experiment II.—With inflated lungs, there were eight respirations per minute; with exhausted lungs, there were twenty-seven respirations per minute.

Experiment III.—With inflated lungs, there were twelve respirations per minute; with exhausted lungs, there were thirty respirations per minute.

Experiment IV.—With inflated lungs, there were five respirations per minute; with exhausted lungs, there were eighteen respirations per minute.

The fact is unequivocally patent that the frequency of the respiration, when the lung has been exhausted of air, is notably greater than when in an inflated condition under corresponding circumstances.

Upon the basis of these experiments, I believe that I am able to corroborate the views of Rosenthal, Hering and Breuer upon the theory of the respiration, and can complete them with an appendix, so that they may be expressed in entirety, as follows: *The respiratory movements are caused by a continual irritation of the blood upon an inspiratory centre and an expiratory centre. The transmission of this irritation is met with a resistance, whereby the constant excitation is transformed into rythmical action. This resistance is less for the transition to the inspiratory centre than to the expiratory one.*

The expansion of the lungs increases the resistance for the inspiratory centre, and diminishes it for the expiratory one; and the contraction of the lungs increases it for the expiratory centre, and lessens it for the inspiratory one.

Whilst the first of these propositions, viz.: that the blood, by a constant irritation, acts upon the central organ of respiration, is demonstrated by J. Rosenthal, and the latter, that the changes in the volume of the lung act either restrainingly or conducibly to the transmission of the irritation by Breuer and Hering; it remains for me to prove that the transmission of the irritation to the inspiratory centre meets with less resistance than to the expiratory centre under similar circumstances. The experiments cited above favor this view, and their results may be recapitulated as follows:

First. On the disappearance of an apnœa which has been artificially produced, if the animal is left quietly alone, the first respiratory movement which the irritation upon the respiratory centres excites is always that of inspiration and never of expiration.

Second. The proposition which I previously made that apnœa occurring when the lungs are exhausted of air is of shorter duration than when coincident with their inflation, is explained only by the above acceptation. By exhausting the air from the lungs, the resistance, although small, which consists in the transmission of the respiratory irritation to the inspiratory centre, is made much less. When respiratory irritation, which has been suspended during the apnœa, returns again, it is not necessary that it should attain as high a degree as ordinarily to be transmitted to the inspiratory centre, and therefore it consumes less time. If, on the contrary, the lungs are inflated after the apnœa has been

produced, and the transmission of the respiratory irritation to the inspiratory centre thereby cut off, and only its transferrence to the expiratory centre left possible, a longer time expires before it attains a sufficient degree to excite a respiratory movement, although its transition to the expiratory centre is now more easy—a proof that its transmission to the expiratory centre, even under favorable circumstances, meets with greater obstacles than to the inspiratory centre. The longer duration of the apnœa when the lung is inflated, is thus easily explainable.

Third. Finally, the proposition previously stated that the frequency of the respiration is greater in a lung which has been exhausted of air than in an inflated one, argues for the lesser resistance which the irritation of the blood upon the respiratory organs meets in its transition to the inspiratory centre, and can only be explained through such an acceptation. If the air is exhausted from the lungs, then the transition of the irritation to the inspiratory centre is rendered more easy than it is ordinarily, and the frequency of the respirations is therefore more rapid as the resistance is diminished. But if the lungs are inflated, and the easier way for the transmission of the respiratory irritation to the inspiratory centre cut off, a longer time must expire before the irritation has attained a sufficient degree that it is able to overcome this greater resistance offered by the only remaining way open to the respiratory centre, viz.: by the way of the expiratory centre. The frequency of the respiration will be greatly diminished, as it requires, as in the previous case, that the respiratory irritation be conserved a longer time to excite a respiration.

The frequency first becomes more rapid again, when through the increasing dyspnœa (as the communication with the air is cut off) the irritation itself obtains a greater force. I have, consequently, always broken off my experiments before such a dyspnœa occurred, in order that I might obtain, so far as possible, clear and reliable results.

Accepting that the respiratory irritation meets with lesser resistance in its transmission to the inspiratory centre than to the expiratory centre, the fact that with the inflated lung the apnœa is of longer duration, and the respiration less frequent, is brought to harmonize with the assertion of Breuer, that by inflation of the lung the nerve fibres are excited which are inhibitory to inspiration and provocative to expiration. And, indeed, with this discovery of Breuer, one would easily conclude to meet with the results which I have obtained with reference to the duration of the apnœa, and the frequency of the respiration.

LIQUOR SODÆ CHLORINATÆ (LABARRAQUE'S SOL.).—Dr. Robert T. Cooper, in the *British Journal of Homœopathy*, after giving several clinical cases in which this drug was used, is convinced that the lower portion of the spinal cord is greatly affected by this compound of the Salts of Sodium. He thinks it will prove of benefit in those spinal diseases where the paroxysmal sufferings manifest themselves in the morning. In the *enuresis somni* of children, four or five o'clock in the morning is a very usual time for the bladder to become disturbed, the wetting the bed usually occurring about that time. Seminal emissions usually occur in the morning, and the more violent paroxysms of asthenia come on at that time; and generally, all these diseases are relieved by this drug. In one striking instance, where seminal emissions had continued for three years, and the patient was reduced to a painful state of physical and mental depression, but one emission occurred after commencing with the Liquor Sodæ, notwithstanding he had previously been under able medical care, and electricity had been carefully used. He looks upon the Liquor Sodæ as the most efficacious remedial agent in asthmatic affections he has ever used, and quotes several cases where it has shown a remarkably curative action. It is the *tout ensemble* of the drug, and particularly its cerebro-spinal action that renders it so valuable in asthma. It is particularly useful when we get a dilated condition of the right side of the heart from venous obstruction, and its attendant constriction of the chest and interscapular pain in the presence of much bronchial expectoration and hypogastric sinking.

He places the Liquor Sodæ in juxtaposition with Merc. Cor. and Arsenic, and believes it can produce a condition of the intestinal mucous membrane resembling that met with in dysenteric affections, and mentions cases where it has relieved the thirst, tenesmus, and sympathetic pains, and materially assisted the restoration of the recuperative powers in the debility following diarrhœa and dysentery.

He thinks the drug loses its power by dilution, and especially in uterine affections is absolutely inert in the highly attenuated form. It often causes exhaustion, accompanied by painful depression of spirits; but this effect is merely temporary. When, however, it is followed by emaciation, it should at once be discontinued. In destructive degeneration of tissue, with increase of the albuminates and organic constituents in the urine, and general wasting of the entire system from a non-disposition and absorption of fatty material and consequent reduction of temperature, with enfeeblement of blood-propelling power; in chronic diseases, attended with anæmia, especially in spinal affections where ammoniacal decomposition of urine takes place, with excessive secretion of mucus and phosphatic deposits, and when the contractile power of the bladder is lessened, the Liquor Sodæ will materially contribute towards convalescence by exhibiting a striking influence upon the cerebro-spinal system of nerves. It will thus arouse the pent-up energies of pneumogastrics and phrenics, and will stimulate the respiratory effort and exalt the vital capacity, thus allowing a larger quantity of blood to become aërated, and diminishing the strain put upon the right side of the heart, and lessening any asthmatical tendency, with the præcordial distress, and apicial cardiac pain, and the interscapular neuralgia.

In vitiated conditions of the system arising from an insufficient supply of well oxygenated air, or from the imbibition of poisonous emanations, or from the constant use of water contaminated by metallic or organic impurities, or from partaking of unwholesome animal or vegetable food; and in forms of weakness favoring the generation of parasitic germs upon the skin and mucous membranes; or dyscrasias produced by the reabsorption of perspiration retained in the textures of the clothing; in putrid dyspepsia; or, in fact, in any affections accompanied by putridity, this Chlorine compound generally proves serviceable.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*" Code of Medical Ethics, Amer. Med. Ass., Art. iv, Sec. 1.

THE publisher of THE MEDICAL UNION, desirous of commencing the new year with a greatly increased subscription list, offers to all new subscribers for 1874, the November and December numbers of the present year. If those who approve the course of the journal will endeavor to extend its circulation among their professional brethren, they will enable the editors to increase its attractions, and render it still more worthy their support.

HERCULES' HELP.

THE answer comes back now as of old: "The gods never help those who do not help themselves." If we would witness the triumph of our principles, every heart must be engaged in the work, and every mind earnest in its efforts to help on the great cause, not for any selfish victory, but for the good of humanity. There is no mind so barren, no life in which there does not at times come opportunities of thought and action which, if placed on record, would serve a useful purpose in our great medical temple; a light, perhaps, through which some life might be saved, or some human suffering relieved.

We may call as much as we choose upon our political gods for legislative help; unless that call is enforced by earnest, practical work, by a united strength, weakened by no selfish considerations, it will be of no avail. In the medical world a school is judged, to a very great extent, by the ability with which its views are presented, by its literature, by its record of scientific discoveries, and the monuments of its earnest convictions and disinterested work seen in its hospitals, dispensaries, and colleges. It is true that our school can point to many works of signal ability, to a splendid array of facts in the field of therapeutics, and to a few hospitals, colleges, and dispensaries. And yet it is no less true that our literature lacks strength, the strength of earnest workers and careful observers bringing to the common storehouse for the good of the whole profession, the researches and facts gathered in their daily work; the strength of great minds discussing great principles from the stand-point of enlightened science, and bringing to the aid of our enlightened therapeutics, the wealth of scientific investigation in the great domains of nature. Even in therapeutics the wheat is often so mixed with chaff, the pure gold so enveloped in baser alloys, that the physician, despairing of getting at the truth in the mountain of rubbish before him, sometimes throws down his Materia Medica, and falls back on general principles. Oh! for some master mind to winnow out the truth, and gather into one harmonious whole, the grand facts of our therapeutics. For much of the ridicule heaped upon us by our opponents we are indebted to the crudities and worse than nonsense which we see on almost every page of our Materia Medica.

In dispensaries and hospitals we have lagged far in the rear. The fault has been, in a great measure, our own. Nearly one-half of the taxes paid in this city comes out of the pockets of those who believe in our school of medicine, and yet, with but very few exceptions, the hospitals and dispensaries of this great city and the entire Sanitary Board, with its immense patronage, are in the hands of our opponents. In the great hospitals of the city we have no place, and our voice is unheard in the great works of charity. It is idle to suppose that with well-directed and united effort—all minor differences being forgotten, all petty spites obliterated, all working for the triumph of great principles and the good of humanity, with the splendid array of wealth and talent and culture believing in those principles and only awaiting some practicable plan to give it their aid and full endorsement—we should fail. We have let others found the hospitals and asylums instead of taking the lead ourselves, and then grumbled because we were not placed on the medical staff. Within the past few years more than one opportunity has occurred, where we might have got a strong position in the great charities of the city, with a little more liberality and skill in our management. Our splendid insane asylum at Middletown, which will, in a few days, be opened for the reception of patients, is a proof of our assertion. We went about this matter in a practical way. We showed the absolute necessity of a new institution; that our asylums were overcrowded; and that in every alms-house in the State were lying, almost

uncared for, and dying of neglect, men and women whose only crime was that the light of reason had gone out in their minds; and that with care and enlightened treatment they might be saved. The State was not backward, when the matter was properly presented, in doing all that was needed. What has been done may be done again, and the gates of our great charities, trebly barred as they are with bigotry and intolerance, yield to a few well-directed blows. It is not necessary to march in with state, with banners flying and trumpets braying, like a conquering host dictating terms to the vanquished, but quietly take our place and hold on to it with the strongest of all grasps, the grasp of work so well and skillfully performed as to challenge the admiration even of our opponents.

It is not always a pleasant task to criticise and censure, but it is better that we ourselves should pull the motes out of our own eyes, and look squarely at the facts, rather than go on blindly, folding the mantle of our own conceit and self-sufficiency closely around us.

We need a broader and stronger literature; books which will discuss scientific questions with a breadth and strength of intellect, and a wealth of information and research which will command respect; a periodical literature not afraid to grapple with the questions of the day, and keep fully up to the progress of the times; a foothold in the great charities of the State and nation. It is not because we have not within our ranks men capable of great work, but because too many of them hide their talents in the circle of their daily practice, and forget that no man has a right to hide from the world facts which benefit the race. Come out from your quiet nooks, oh, ye laggards! and let your voices be heard, and your strength felt, in the grand battle for truth and progress.

BROOKLYN HOMŒOPATHIC MATERNITY.

FROM the third annual report of this institution we make the following eloquent extract from the statement of its corresponding secretary, Mrs. L. A. P. New:

"To aid the friendless; to save the fallen; to lovingly care for the little ones left floating on Life's tide, subject to all its tossings and adverse currents; to train women, brave and strong, tender and true, to go into our homes and minister at our bedsides with intelligent care and thoughtfulness—this is the work of a 'Maternity,' and this, with God's help, we are trying to do.

"The year just past will be ever memorable in the history of our loved charity. It opened during days of great trial, when it required much courage, and a firm conviction of the purity and uprightness of all our intentions, to sustain us.

"As the clouds which had darkened our pathway grew thinner, and our hearts proportionally light, our thoughts turned again to some of our original plans, which were to cover in time a much larger field of usefulness in the way of mother work, than we had been doing. Want of room had been our hindrance heretofore, but we finally decided to organize the departments; and if our hive should prove too small, to swarm, as soon as a larger one could be obtained for our purpose.

"In this we were ably seconded by Dr. Sumner, our Medical Director. In truth, he has been our captain, leading us when our hearts were too faint to see the way alone.

"A Nursery, a Child's Hospital, and a School for Training Nurses, were organized; the latter being deemed of sufficient importance to require a special charter from the State.

"Having added so many departments to our original institution, it became necessary to assume a title which should comprehend the entire work we proposed to do, and the name of the 'Brooklyn Homœopathic Maternity' was unanimously adopted; this title to be accompanied with the names of its four divisions; and on the 7th of June the Maternity gave its first formal Reception.

"A pleasant crowd gathered in our rooms; much interest was evinced, and the generous subscription of nearly six thousand dollars toward our building fund was left behind as a tangible proof of their kindly feeling toward us.

"During the past year there have been *sixty-nine* women admitted to the lying-in wards, *sixty-five* births, and no deaths of our own patients; the only death being that of poor Ann Dunsworth, whose sad end was made the theme of so much mistaken discussion through the public journals. She was a child, barely fifteen years old, whose youthful ignorance led to her own betrayal, and who had been left in the street in the hour of her extremity, to be picked up as might be *or die*. A kind-hearted policeman brought her to our door, and the poor, chilled, benumbed and suffering girl was taken in and cared for as tenderly as if she had been surrounded by loving friends. It was evident to our physicians that she was suffering from something more than labor, but, until delivered, it was impossible to say what; no sooner, however, was her child born, than the symptoms of typhoid fever in an advanced stage developed rapidly, and terminated fatally the next day. It was ascertained that there were cases of typhoid fever of a malignant type in the house where she had been staying, and she had there contracted the disease, which was

greatly aggravated by the neglect and exposure following.

"We have had but two cases of still-birth, and two have been born with a malformation of the heart, which resulted speedily in death. We have furnished *seventeen* wet-nurses, besides those employed in our own nursery. *Four* girls led astray under promise of marriage have been saved from a life of shame by being honorably married to their seducers. *Seventeen* poor women, who have been deserted or neglected by drunken and dissolute husbands, have been cared for, and helped to good situations when discharged.

"We have given temporary aid and shelter to a large number of women with young babes, who came to us in despair, having been refused admittance to other institutions.

"The *Nursery* was opened for the admission of patients on the 15th of March, 1873. Since then *fifty-six* children have been admitted; *thirty-two* discharged; *ten* have been adopted, and *seven* have died; there are *sixteen* now in the Nursery.

"The *School for Nurses* has been in the course of preparation during the summer, under the supervision of Mrs. H. W. Sage (chairman of that committee) and of the medical staff.

"Rooms have been fitted up in a most comfortable manner for the occupation of pupils; arrangements made for courses of lectures, for procuring models, manikins, books, &c., and the school was formally opened on the 7th of October, Dr. Sumner delivering the opening address.

"Great pains have been taken to make this branch of our work thorough and popular. The need of skilled and trained nurses, educated women, who can be companions as well as nurses; who shall do their work in an intelligent manner, understanding all the complications that may arise in a sick-room, and how to meet them; having a clear knowledge of all that pertains to hygiene, and its relations to health, and to the use of medicine, is a need known and felt by all. It is our purpose to send out young and active women who shall be perfectly fitted for this profession in every particular. The course of lectures connected with the school will be exceptionally valuable to wives and mothers, and we propose to admit any such who may desire to avail themselves of such a course, by the payment of a certain sum which will be fixed upon by the committee.

"On the 1st of May next we shall come into the possession of the building adjoining (which is ours now, by purchase); our wards will then be doubled in size, and our arrangements in every way more complete. We shall also be able to offer private rooms for people of means who wish to avail themselves of our superior facilities for hospital confinement treatment.

"Our medical staff have rendered prompt and cheerful aid; every mother and every child in the Nursery have received as minute and careful attention as though they were private patients."

The following report of the Medical Director, Dr. A. E. Sumner, still further illustrates the work of the Maternity:

"One year ago we were without a permanent home, and without means of subsistence, and there were some among us who doubted our ability to live through another year. The year has been an eventful one for us. We are now safely settled in our own home, and while many changes are necessary to make it complete, still it answers every purpose for the present. New friends have sprung up on every side, and the means have been provided for a work increased fourfold. New departments have been established from time to time, until we find ourselves with a Lying-In Hospital. a Nursery, a Child's Hospital, and a School for Training Nurses. Each one of these departments, with the exception of the first, has been established during the past year, and they are all in good working order. The first department is in perfect condition. During the year we have received sixty-nine patients, and sixty-five have been confined without loss of life. The remainder are at present in the house. Two infants were still-born, and two were born with malformation of the heart, and died soon after birth.

"The Nursery was established on the 15th of March, and has already received fifty-six children. Of this number only sixteen remain. Seven have died, ten have been adopted, and thirty-two have been discharged. The statistics of this department are, so far as I know, unparalleled. The great degree of care required by infants in the selection and preparation of food, renders the Nursery the most difficult department of all to conduct successfully. The infants are all under one year of age, and are left by the mothers in order that they may obtain situations as wet-nurses. The change of diet is always felt by the child, and in many cases sickness is the result.

"The Children's Hospital has not yet received the attention that it deserves, but it has been neglected only for want of means.

"The School for Training Nurses is now in successful operation. It was formally opened on the 7th of October, and the lectures and clinics are being regularly held in the Maternity parlors. I believe that this feature of our work is of great importance, and I also believe that this school is destined to play a very important part in the history of our institution. Manikins, casts, text-books, charts, &c., have been provided, in order that the course should

be rendered entirely practical, and the result is sure to be creditable. As a whole, our work has been a complete success, and the foundation is laid for a noble charity that shall outlive us all."

Brooklyn now has, under Homœopathic care, a well-appointed Nursery, a report of which we gave in a recent number of the UNION; a Dispensary treating several thousand patients a year, and, without exception, the most complete in all its departments of any dispensary in the world. Besides, three other dispensaries, with a large clientage, an elegant Hospital in good working order, a Nursery, Lying-In Asylum, Child's Hospital, and School for Nurses, under the same roof.

All of the institutions are managed with an energy, liberality, success, and broad and Christian spirit, of which our school may well be proud. Brooklyn has set an example in the successful accomplishment of well organized plans in her works of charity, which other cities might do well to imitate. These institutions are not only doing an immense amount of good to the poor, but furnish, by the abundance and variety of material, a practical school for clinical teaching of vast importance to the rising profession.

Correspondence.

PUBLICATION OF THE TRANSACTIONS OF THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

THERE is published in a recent number of the *Medical Record* a short editorial, commenting on the refusal of the last Legislature of this State to publish the Transactions of the Allopathic Medical Society, and expressing the opinion that "it would be a blessing in disguise, in that it would stimulate the members to action in their own behalf."

The November number of the Buffalo *Medical and Surgical Journal*.contains an editorial of similar import, and "hopes that steps will be taken soon to place the State Allopathic Medical Society upon a basis entirely independent of State control."

A series of resolutions has been adopted by the New York County Allopathic Medical Society and the Monroe County Allopathic Medical Society, pledging these respective societies to pay the proportional expense of the publication of the transactions of the State Allopathic Medical Society.

The resolutions do not express the views of the parties who adopted them, regarding the importance or desirableness of securing the publication of the several medical reports by the State; neither are they expressive of the least gratitude for the favor hitherto extended to the medical societies; neither do they solicit a continuance of this form of State assistance. On the contrary, they are expressive of a determination to rely on their own unaided efforts, believing that the trial will prove a "blessing in disguise:" that a condition of "independence of State control" is very desirable.

The movers "advise the State Society to become entirely independent of State patronage," and anticipate that as the society is now alone responsible for the publication of its transactions, the members will take pride in making them a model publication.

These statements imply that while the allopathic profession may have considered the publication of their annual volume of transactions for nearly twenty-five years by the State to have been very important, they do not now desire its continuance; in fact, they exhibit a decided feeling of relief from any connection whatever with State interference or patronage.

The influences which have been contributing to produce this anomalous position of the allopathic school are traceable, without doubt, to the spirit of rivalry which exists between the adherents of the two principal systems of medical practice. It is simply a new phase of opposition to homœopathy. By refusing the publication of their own report by the State, they hope to prevent the continued publication of the report of the Homœopathic State Medical Society.

The position assumed by the homœopathic school is a very different one. We desire to state distinctly, that the annual volume as heretofore published by the Legislature is far more valuable and useful to the members of our profession than any we could publish independently of State aid.

That we gratefully appreciate the favor heretofore extended to the homœopathic profession in this State, in the annual publication of its transactions.

That, as a class, physicians devote their whole lives to the development of means for the relief of human suffering; and that whatever contributes to the promotion of harmony and mutual improvement in all the departments of medical science is of direct benefit to the people.

Having not only the welfare of the people of this State in view, as well as the benefits that will undoubtedly accrue to the members of our profession, by stimulating more thorough organization and more frequent and more widely extended comparison of mutual experiences, we earnestly desire the members of the Legislature to continue to extend to the homœopathic profession in this State the same evidence of its interest and fostering care that it has done during the past ten years.

It is very desirable that the several county homœopathic medical societies in this State should convene at as early a period as practicable, and give decided expression of their views regarding this important subject.

On the 13th of May (1873) last, the following resolutions were adopted by the Albany County Homœopathic Medical Society:

Whereas, The annual publication of the transactions of the State Medical Societies, for many years past, has greatly contributed to the advancement of medical science and development of well regulated medical organizations throughout this State, thereby elevating the standard of the medical profession, and through it directly promoting the welfare of the people; and

Whereas, Other States, in imitation of its example, are wisely and liberally publishing similar reports, and also by other measures fostering and directly or indirectly supporting their own medical organizations; and

Whereas, The publication of the medical reports by the Legislature of this State constitutes the only form of pecuniary aid at present extended to the medical profession; therefore,

Resolved, That we gratefully appreciate the valuable and important assistance hitherto extended in our behalf, and respectfully request that a plan may be matured by the Legislature now in session for securing the publication of the usual number of medical reports.

The Rensselaer County Homœopathic Medical Society adopted the following resolution, October 28th, 1873:

Whereas, The publication of the transactions of the State Homœopathic Medical Society for several years past has contributed to the elevation of the standard of Medical Education and advancement of medical science, and the efficiency, harmony and thorough organization of the medical profession, and thereby directly promoted the welfare of the people; and

Whereas, At the last session of the Legislature, on alleged economical grounds, as we believe unwisely, the publication of said report for the current year was suspended; and

Whereas, In our opinion the interests of the members of the medical profession and of the people of this State will be promoted by the continued publication of the usual number of copies of said reports; therefore,

Resolved, That we respectfully request the members of the Legislature from this county to exert their influence in favor of the publication of the transactions of the State Homœopathic Medical Society.

It is to be hoped that resolutions of similar import will be adopted by each of the county homœopathic medical societies in this State.

Albany. H. M. PAINE, M. D.

Transactions of Societies.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of the New York County Homœopathic Medical Society was held at the Ophthalmic Hospital, Wednesday evening, December 10. The meeting was devoted to the hearing of the reports of the Treasurer and Secretary, and the election of officers. The following were appointed for the ensuing year: *President*, Dr. HELMUTH; *Vice-President*, Dr. THROOP; *Secretary*, Dr. HILLS; *Librarian*, Dr. NORTON; *Censors*, Drs. MINOR, ALLEN, THOMPSON, LINSLEY, BERGHAUS. Dr. MINOR being unanimously elected, was appointed the chairman of this board. The following were elected honorary members of the society: Dr. JOHANN KAFKA, Prague, Austria; Dr. RICHARD HUGHES, Brighton, England; Dr. CHAS. HEMPHILL, of St. Petersburg; and Dr. LEON HERMANNS, of Paris. The following were elected to fill vacancies of delegates to the State Society: Drs. DOUGHTY, W. N. GUERNSEY, T. D. BRADFORD and EMMA SCOTT. Drs. MINOR and HOUGHTON were unanimously recommended to the State Society for appointment as permanent members to their body.

Reviews of Books.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST. By ROBERT FAULKNER, M. D., with a Repertory by W. JAMES BLAKELY, M. D. New York: BOERICKE & TAFEL, 145 Grand Street.

THE general arrangement of this Visiting List is excellent. It contains an obstetric calendar admirably arranged; a list of poisons and their antidotes; Marshall Hall's ready method in asphyxia; tables of the pulse; and a very excellent repertory of the leading remedies and their prominent characteristics in the various diseases a physician would be most likely to meet in his every-day rounds. Following, we have the usual vaccination, death and obstetric record, and a page for daily engagements and prescriptions for each week in the year. The visiting list contains room for forty names a week. To physicians of large practice the work would have been much more acceptable if the visiting list contained space for eighty names a week instead of forty.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS AND THE DISEASES PECULIAR TO WOMEN AND CHILDREN. By HENRY N. GUERNSEY, M. D., *Professor of Materia Medica in the Hahneman Medical College, Philadelphia.* Second edition, revised and enlarged. BOERICKE & TAFEL, Publishers, New York, 145 Grand Street; Philadelphia, 635 Arch Street.

THE appearance of this work as it lies open upon our table strongly prepossesses us in its favor. The tinted paper, the clean pages, the open type, and the substantial binding, tell us, that whatever fault we may find with the matter, the publishers have taxed their resources in giving us one of the most elegant specimens of book-making we have ever seen issued from the medical press. In the early years of our school we were too much engaged in studying our materia medica, in adding to its wealth by new provings, and in applying the information thus obtained to the cure of disease in accordance with our new therapeutic law, to have much time to devote to the preparation of works treating more particularly of pathology, physiology and the mechanical part of our art. But as years have rolled on, and the principles of our school have become more thoroughly established, a necessity has been felt for text-books in the various departments of medicine and surgery, in which its more natural and scientific philosophy could be incorporated, not only as a guide to students but as a help to the busy practitioner in his daily work.

In the department of obstetrics, the author has earned the right to speak with authority by long years of careful study and the rich experience gained by the bedside. While, in his teaching in the lecture room, he has of course availed himself

of the researches of others, gathering together well established facts and authenticated principles from every source, he has presented them in such clear and elegant language, so enriched with his own careful observations and original thoughts, that we have not only a medical work fully up, in every department, with the advanced state of the science, but presented in a style so scholarly as to invest it with a peculiar charm.

In the chapter on the anatomy and physiology of the reproductive organs, while all important facts are given in a clear and concise manner, much of the minutia, which more decidedly belong to a work on anatomy, are very wisely omitted.

In the chapter on reproduction, he thus eloquently describes what he considers the initial step in the dawning life of the new being: "The semen, viewed according to its chemical qualities, has no power to effect fecundation and the primitive organization of a distinct and vitalized being. It is upon the vital essence or spirit of the semen that its power to impart life depends. The gross liquor carries with it a part of the essential life of its giver, which, meeting a similar vital essence of the female organism in the ovum of the ovary, the conjunction of these two vital essences is the process of fecundation by and through which a new being results, which partakes of the life of the man and the woman, and which is in that instant made a living soul.

"The three constituent elements of the semen correspond to the body, soul and spirit. Within the inmost of each seminal nucleus is contained the very highest soul and life of the parent; the delicate fluids which immediately surround it are inspired by the animal spirits, while the more gross and external mucous developments correspond to the animal body.

"This organization of the seminal globule which makes it correspond to a representation of the body, soul and spirit of the parent, finds in the female ova a corresponding three-fold organization equally representative of the female constitution. The semen of the male, therefore, unites and combines with the ovum of the female, in each one of these three constituent and representative forms in more or less perfect harmony, according to the more or less perfect adaptability of the male parent to the female. As in the mingling of different races the stronger takes the lead and predominates in the offspring, so in the union of the seed of the different individuals, the stronger predominates in the moral, mental and physical characteristics impressed upon the child. Thus, as the lower, more gross and material portion of the male semen meets its counterpart in the grosser organization of the ovum with which it unites and which it vitalizes with its degree of life, so each of the other constituent forms of the semen necessarily unite with and inspire the corresponding representative organization of the ovum. The ovum that receives, cherishes and nourishes the vitality imparted to it by the male semen, and the living form which is the result of such reception, partakes of the qualities of the ovum on the one part and of the semen on the other, even as these are but faithful representations of the various qualities, whether orderly or disorderly, of the male and female individuals from which they spring."

After all, this is merely speculation. No human mind has ever yet, or probably ever will, fathom the mysteries of life or remove the veil which hides from human sight the steps through which it is evolved. Still, the philosophy of the New Church, which has evidently inspired the above sentiment, is perhaps more satisfactory than any other.

The chapters on the signs of pregnancy and the development of the ovum and the fœtus, contain the most advanced teaching upon these subjects. The author believes that the presentations depend to a very great extent upon the health of the mother during pregnancy, and that the abnormal presentations are almost always the result of ill health during the period of carrying the child. The mechanism of labor is clearly set forth, but we should have been glad if the author had devoted more space to diagnosing the position of the child by external manipulation. This is so carefully done by many of our best obstetricians that not only can the exact presentation of the child be almost unerringly determined by external manipulations, but even its position changed from abnormal to normal. In the care of the child during labor, the author believes that Nature is quite competent in most cases of doing her work with but little of our assistance. After the delivery of the head, he thinks that no interference should be attempted, unless the child seems in danger of strangulation or apoplexy, but we are to wait for the delivery of the child by the natural contraction of the womb; and in breech presentation, he recommends the same care, unless the pulseless cord should prompt us to the speedy delivery of the child to save its life. In breech presentation it has been our custom to deliver the child as speedily as possible, taking care, however, to do it cautiously, so as not to injure either the mother or child; and in head presentations, after the delivery of the head, we have never yet seen any harm result from a little assistance in the prompt delivery of the body. As much as we deplore the useless intermeddling of bungling attendants, we think the mother more frequently suffers because too little is done rather than too much.

The author strongly objects to the use of the bandage after delivery, and in this he agrees with the Vienna school and many of our best obstetricians. We never insist upon its use where the mother objects, but we find in the majority of cases it adds materially to her comfort. We always apply it well down over the hips and extending up over the abdomen to the stomach, pinned just tight enough to give a feeling of support to the mother. We have never found any injurious effect from gently opening the bowels on the fourth day. At this time, after the milk fever is over, we allow them a well-selected and nutritious diet. Even from the first, in case the patient is exhausted either from loss of blood or any other cause, broths and even wine should be given to increase her strength. The author's description of the causes and treatment of the various forms of difficult labor is excellent, and his instructions as regards the use of instruments in delivery, are all that could be desired. He has also given a very clear description of the disorders incident to pregnancy, and suggested most of the important means of relief. In the troubles which sometimes follow labor, including puerperal convulsions and puerperal fever, the author shows a wide range of information and careful observation at the sick bed. He con-

cludes his work, and makes it more complete, by a careful discussion of the diseases of females and children. If we have any fault to find with this part, it is the tendency, as it seems to us, of relying too much on the medication of drugs, and too little upon dietetics and the well-established rules of hygiene. But this fault, if it is a fault, every practitioner will be able to correct for himself.

The work is a treasury of information, and will form an almost indispensable addition to every physician's library.

TAKING COLD: ITS NATURE, CAUSE, PREVENTION AND CURE, Etc. By JOHN W. HAYWARD, M. D., M.R.C.S., L.S.A. Fourth edition, enlarged and improved. London: HENRY TURNER & CO.

THIS excellent little book is one of the best for household reference we have ever seen. It is just such a book as should find a place in every family. Expressed in plain language, singularly free from technical obscurities, its explanations are clear and logical, and the advice as regards treatment is practical and judicious. Dr. Hayward has evidently written this book so that it shall be available for popular use; but the task has been so well done that it would be a valuable addition to the library of the physician as well. There are, unfortunately, many larger and more pretensious works, written by the authors in our school, that cannot bear any comparison, as to intrinsic worth, with this little treatise, whose fourth edition bears a practical testimony to the estimation in which it is held.

A SYSTEM OF SURGERY. By WM. TOD HELMUTH, M. D., *Professor of Surgery in the New York Homœopathic Medical College.* CARLE & GRENER, Publishers.

THE past few years have been prolific in Surgical works. The magnificent "System of Surgery," edited by Holmes, far surpassed any previous work on general surgery. Billroth's splendid treatise on surgical pathology was rapidly followed by the works of Spence, Gant, Bryant, Hamilton and others; while in surgical monographs the professional literature has been enriched by the contributions of Spencer, Wells, Atlee, Peaslee, Markoe, and others, whose names are familiar to all. In addition to these, many of the standard works, such as Erichsen's and Druitt's, have lately been revised, enlarged, and brought fully up to the requirements of modern surgery. The French surgeons especially have made many valuable contributions to surgical literature; and, in point of scholarly research and professional ability, the names of Gaujot, Spillmann, Legouest, Gosselin, Sedillot, Guyon, Broca, and Guersant, are among the most eminent of surgical authors. In this field, so richly stocked with the best works of the ablest living surgeons, a new-comer must needs have some unusual qualifications or a vast experience to entitle him to the attention of the profession; and a new work on surgery must stand or fall on its merits as compared with those that have already been approved.

Dr. Helmuth has for years occupied a prominent position in our school as a teacher of surgery, and may be said to represent us in that department. His work is therefore not merely a personal affair, but one in which we all have a certain amount of interest, inasmuch as it represents not only the author's knowledge and experience, but also the kind of knowledge that is imparted to our students and endorsed by our school. Perhaps our expectations with reference to this work have been too exalted, but we certainly looked for a better book than this.

A patient examination of Dr. Helmuth's work convinces us that the author has done himself an injustice in issuing a book that contains every evidence of haste and carelessness. The work has some features that we shall praise, for we are not disposed to allow its faults to prejudice us against the good that we find; but we cannot give a critical opinion in this case without discriminating between what is positively good and what is positively bad. We should be unwilling to do any injustice to the author or to the profession, and we should be culpable in both respects were we to recommend this work without a considerable reservation.

Were we permitted to give a critical estimate of the value of the book as a whole by pronouncing an opinion upon a portion of it, we should select the author's treatment of the operative parts of surgery, and certainly render a favorable decision, for here our author shows himself a good surgeon in spite of his book. And yet there is no account given of the application of pneumatic aspiration to the diagnosis and cure of disease. Fibrous anchylosis of the lower jaw is considered without any mention of the only operation that promises a permanent relief; we refer to Esmarch's operation for the production of a false joint. Amputation of the tongue is spoken of, and a case of congenital hypertrophy is detailed in which the author operated successfully with écraseur; but we look in vain for any reference to Gurdon Buck's operation by double flaps, a most ingenious and admirable method. These and other omissions will disappoint those who hoped for uniform excellence in the operative part of the work. Fractures and dislocations are admirably considered; the descriptions are concise and accurate, and the treatment advised is invariably judicious. The chapter on hemorrhage is also an excellent one, full of practical suggestions and valuable information. In general the operative procedures are very clearly described and represent the most approved methods.

We wish that equal industry had been exerted in bringing the portions pertaining to surgical pathology to a presentable degree of excellence. It is to be regretted that obsolete theories have been so tenaciously retained that not the slightest mention or use has been made of the discoveries of Von Recklinghausen, Cohnheim, Stricker and others of the more advanced pathologists. When our author, describing pus, tells us that "the corpuscles are generally spherical," it would have been prudent to have qualified this statement, since Von Recklinghausen has shown that only dead pus cells have this round shape. And, again, we learn for the first time of an "extra vascular" pus globule (page 118) which will probably be new to those who have never before known that a pus globule possessed even the slightest degree of vascularity. In describing the dissecting aneurism, we are told that "in this instance, the inner coat may remain entire, or both the inner and external tunics preserve their continuity." We must confess our ignorance of the

method by which a dissecting aneurism may occur without a lesion of the inner coat.

We doubt whether our author shows to advantage in the practical application of pathology when he fails to enumerate the obliteration of varicose veins as a possible method of curing varicose ulcers.

On some of the most profound questions of surgical pathology the author has not a word to say, or else disposes of the subject with a few remarks, which fail to answer the most reasonable expectation; and so prominent is this defect that we are unable to find in the whole book a single subject in pathology treated with a full appreciation of its importance, and of the researches and discoveries of modern science.

The chief value of the book lies in the therapeutical suggestions, and in its being a compendium of surgical operations. It is lacking, however, in any critical estimate of the comparative value of the various operative methods, and does not, therefore, meet the requirements of those who would consult it for advice as to the best methods to be adopted in individual cases. The work contains the pictures and description of a vast number of surgical instruments, and is printed with very clear type.

It will probably meet with a ready sale, on account of the general estimation in which the author is held; but we doubt whether it will be accepted as a standard authority even by those whose surgical education has been acquired under his instruction. As a compendium of surgical operations and instruments the work merits a high degree of praise which cannot be awarded to it as "A System of Surgery."

MENTAL HYGIENE. By D. A. GORTON, M. D. Philadelphia, J. B. LIPPINCOTT & Co., 1873.

THIS subject is eminently proper for a physician to discuss. Viewed from the stand-point of his profession, it is looked upon from the practical side rather than the theoretical. The theologian is too apt to bring to its consideration the peculiar views of his religious creed, which sometimes blind his eyes to the real power and nature of facts as they present themselves.

With the physician this subject forms part of his daily life. Facts present themselves at every turn; and every hour of the day he is called upon to study the relation between mind and matter. Scarcely a day passes but what he meets evidence that the maladies of the mind and the body may supplement and counteract each other. He sees in almost every form of disease the influences which one exerts upon the other. What is mind? where does it hold its mysterious court, and how does it act upon the matter which composes its material investment? are questions which the metaphysicians of all nations and all ages, from Plato to Spencer, have discussed, and over which the chemist and physiologist, with crucible and knife, have pondered long and earnestly, but have pondered in vain. The mechanism by which mind transmits its mandates, through which the soul speaks, has been laid bare, but the secret spring, the *spiritus vitæ*, which sets the wondrous mechanism in motion, no man has seen or has yet been able to comprehend. We do know, however, from the careful observations of physiologists, that the brain is indispensable to thought, to feeling and volition, and that here in its billions of starry cells, each with its nerve filament connecting it with the great whole, each supplied with its appropriate nutrition from the great current of blood which sweeps a river of life through every part of the body, itself fed from the great fountain, the stomach, are formed those thoughts which make mind victorious over matter, which elevate man above the brute and link him with God.

The soul, the spiritual part of our organization, has woven for itself an investment from the material world, attracting to itself those elements necessary, and arranging them in such a way as to enable it to perform its mission in this world. This material form is so interlaced and so interwoven with the spiritual, their life so united and made one, that a derangement of the material portion of the body affects the spiritual or mental. Mental activity depends upon the amount and quality of blood supplied to the brain. For the brain to perform its functions correctly, it must be furnished with the right kind of nutrition, and in the proper quantity. Failing in this, the brain starves, or its action is perverted by unhealthy food and unnatural stimulants. Society, then, is directly responsible for very much of the crime which exists in its midst, by neglecting to remedy those evils which lead to crime. What legislation can we expect when the brain is whipped into unnatural action or the clearness of thought benumbed by alcoholic or narcotic stimulants? That the maladies of any portion of the body are telegraphed directly to the brain we have ample proof every day of our lives. An attack of gout or rheumatism produces intense nervous irritability of no very amiable kind. Gout is often attended by great melancholy and depression of spirits, and almost every form of disease produces its peculiar effect upon the mind. *Athanasians* insist that the harsh features of the Calvinistic theology are simply the result of an aggravated form of dyspepsia in John Calvin, who, with a worn-out stomach, retired from Paris to Geneva, and carried out a system of theology which partook of the gloom of his own diseased system. The Calvinist retorts by telling the Methodist that the hopeful spirit of his theology is tinged with the pulmonary trouble of Wesley. Perhaps both are, to a certain extent, correct.

In our early professional career we attended religious services at a Presbyterian church, where the generally amiable clergyman would occasionally fire off a sermon, bristling with the spirit of denunciation and wrath. You could almost smell the sulphur from the pit, and see the blue fire dancing about the house. Called upon to attend him professionally, we found he was a martyr to dyspepsia, and that an aggravated attack was always followed by what his people called one of his hell-fire sermons. One of these sermons was always the signal for us to send him a dose of *Nux-vom.*, properly labeled, very much to the delight of his family, who were in the secret. At another time, we found one of our most eloquent and earnest divines hard at work late Saturday night, with a pot of strong tea before him, which he said he always used when hard pressed. He invited us to take a seat in his pew the next afternoon, and hear his discourse. It was really eloquent, and towards the close, where, in preparing it, the tea had evidently been exhausted, and he was fully under its effect, both himself and congregation were moved to tears.

Defective nutrition and bad air produce a different effect upon the educated and the ignorant. The mental training of the one, the discipline of his mind, may enable him to control, to a certain extent, the tendency to evil; while the uncultured, without mental discipline, is too apt to rush headlong into crime. That crime is far more prevalent among the uneducated we have abundant statistics to show. In France and Belgium in one year, sixty-one per cent. of all accused of crime could neither read nor write; twenty-seven per cent. could read and write imperfectly; ten per cent. could read and write well, and only two per cent. had received a superior education. The records of the insane asylums show also that their walls are filled more from the ranks of the uneducated and the poor than from the educated. Mental labor does not of itself produce insanity; on the contrary, the brain does not wear out by even severe mental exertion, when the system is kept in proper condition by the right kind of food, and allowed sufficient rest. There is to-day in France no more logical and far-seeing intellect, and no safer guide than Thiers, now over eighty years of age. Palmerston, even in old age, was one of the most brilliant intellects in England. Humboldt retained the fullness of his intellect until his death, at ninety. Franklin died at eighty-four, in the full strength of his massive intellect. Hahneman died at eighty-eight, with his mind clear and strong to the last. John Quincy Adams, "the old man eloquent," fell at his post, strong in mind to the last. And thus, as we turn over page after page of history, we find the hardest thinkers, the most energetic laborers in science, literature, and art, have often been the longest lived. We find, too, that our penitentiaries and insane asylums receive the larger portion of their inmates from the uncultured brains and from those whose mental systems have been starved and perverted by improper food, bad air and depraved associations.

In the six chapters of Dr. Gorton's book, he treats of the mental influence of physical agents, the reciprocal influence of corporeal and mental exercise, moral and religious influences, moral agents and influences, and very appropriately closes with a chapter on marriage. The whole subject is handled with great breadth of thought and richness of illustrations, in which some of the ablest writers upon the subject are fully quoted. We commend the work not only to the professional man but the general reader.

ANNUAL RECORD OF HOMŒOPATHIC LITERATURE, 1873. Edited by C. G. RAUE, M. D. New York, BOERICKE & TAFEL, 145 Grand St.; Philadelphia, 635 Arch St.

THIS is the fourth volume of the "Annual Record of Homœopathic Literature." In its preparation the editor and his associates have consulted the leading homœopathic journals of the world and the transactions of State and foreign medical Societies wherever published, gleaning from their pages the observations and discoveries of a host of workers. Notwithstanding much that is utterly worthless and calculated to bring discredit upon our school has unfortunately been introduced into the volume, still the industrious editor and his assistants have gathered together a vast amount of really interesting and valuable matter, which will prove of great help to the busy practitioner. A mind of ordinary discrimination will find but little difficulty in rejecting the worthless and seizing hold and appropriating to its own use that which is really good. These annual records, we have no doubt, will find their way into the library of almost every homœopathic physician who wishes to be fully up to the times, and second to his materia medica will be more consulted in his daily work than any other book on his shelves.

The materia medica part has been arranged by Dr. C. Herring, the surgical part by Dr. Macfarlan, and the rest by the editor. The subjects are classified under appropriate heads. Under the head of "Theory" a vast amount of extremely interesting scientific matter has been introduced upon posology, climatology, physiology, chemistry, including the chemical examination of urine, and presenting upon these subjects, carefully condensed, the most recent discoveries.

The work forms a neat and well printed volume, and sells for five dollars.

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THE THEORY AND PRACTICE OF OBSTETRICS. By WM. H. BYFORD, A. M., M. D., *Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College, etc., etc.* New York, WM. WOOD & CO., 1873.

LOOSENESS of construction and carelessness in arrangement would seem inexcusable in a work pretending to be scientific, if it were not that much valuable information would otherwise have been lost to the profession. Unfortunately, diffusiveness and obscureness of style has been a crying error with very many of our writers; but now, in the more advanced state of medical learning, inelegant productions are the exception rather than the rule.

The author, in the preface, says, that it has been his aim to give a concise work to the profession, which shall contain all the practical information necessary to guide the student and busy practitioner in the practice of this branch of our art. Although he has carried out his purpose, yet the book would have done the author far more justice if the sentences had been more smoothly rounded and the style more precise. His writings would indicate him to be a popular practical lecturer, who knows well how to adapt his subject to the short term of a lecture course.

The greater portion of the book is devoted to the pathology of parturition, and forms a very excellent manual, as the rules for treatment embrace, for the most part, the views of our advanced American authorities. In internal medication he gives the immense doses characteristic of some of our Western practitioners, and often fires blunderbuss shots with his compound prescriptions. A favorite formula of his for inertia of the uterus contains Nux-Vomica together with Ergot. All recent physiological experiments clearly prove that the action of these remedies are directly antagonistic, the one congesting the cord, and the other producing marked anæmia, and that the value of Ergot as capable of arousing uterine contractions resides in its characteristic action upon this portion of the nervous system.

Homœopaths are accustomed to study the action of remedies from the more accurate stand-point of "provings," and would easily discriminate that the two remedies would not be indicated together.

The subject of placenta previa is very fully considered. He thinks that the teachings of the present day inculcate too much interference in placental presentation. "I am free," he says, "to say that I regard it as over-treated. We take the whole matter in our hands. If we have a case of placental presentation, we commence to dilate the os uteri, if it is not dilated already, and as soon as it is dilated, or dilatable, we proceed to deliver by forceps, if we can; if not, by turning; as a rule, by the latter operation. If the hemorrhage has not been considerable, we turn for fear of bleeding, as bleeding is the rule. Now, I think this is all wrong. We should stop the hemorrhage if it has begun, prevent it if it has not begun, and terminate the labor by interference only because the powers of nature are insufficient. I believe that this unnecessary interference by introducing the hand and turning has had more victims than unaided nature would have made in placenta previa. The introduction of the hand necessitates fearful loss of blood, in spite of the most dextrous management; it causes so much irritation and abrasion as to give rise to subsequent inflammation."

The writer thinks that the indication of premature labor is advisable in a very large class of cases, and quotes Dr. Greenhalgh, Physician-Accoucheur to St. Bartholomew's Hospital, London, to some length, as strongly advocating the same views. "In turning at the full term of gestation," Dr. Greenhalgh says, "that although it cannot be regarded *per se* as a dangerous operation, yet when undertaken in cases where the patient had been much reduced, it proved fatal in 131 out of 512, one in less than four (Read), not to mention the amount of fœtal mortality." If premature labor be induced, he says, that "it would appear from large statistical enquiries, that less than one mother in fifty-three cases lost her life after this procedure; and when we bear in mind that in many of the recorded cases this operation was adopted, in some on account of great pelvic distortion, and in others where the patient's condition was most unsatisfactory, the mortality may be even still further reduced." Dr. Byford then adds, that he feels justified in recommending the following practice: "That in any given case of hemorrhage due to placenta previa, occurring after seven and a-half months of utero-gestation, when the child is viable, it is expedient, both for the safety of mother and child, to expedite labor, unless the condition of the patient from exhaustion, be such as to preclude this step, and, if so, then as soon as possible after she has recovered from the shock, by every means in our power; that in so doing we should arouse the uterus to vigorous action; and while on the one hand, we take due precaution to arrest all external flow of blood from the vagina, we should, on the other, adopt such means as will effectually prevent any accumulation of blood in the cavity of the uterus, at the same time that we endeavor to effect a gradual dilatation of the parts. These ends are to be attained by means of a vaginal plug, an elastic abdominal bandage, and Ergot of Rye, with the occasional aid of stimulating enemas, friction over the abdomen, and sometimes rupture of the membranes; turning only in cases of presentations of the upper extremities; the forceps where, from inefficient action of the uterus, or slight mechanical impediments, arrest takes place in the passage of the head through the pelvis; and craniotomy in more serious cases of disparagement in size between the presenting part and the pelvis."

The work is profusely illustrated with elegant engravings, which renders the book valuable to students who have no manikin with which to learn the manual part of midwifery. It is elegantly printed, and the book will form a handsome addition to a physician's library.

Scientific Gleanings.

Curability of Pulmonary Phthisis.—An article published by Dr. R. Massini, of Basle, in *Deutsch Archiv. fur Klin. Med.* (H. 3 and 4, 1873), contains the following remarks on the above subject, the results of the author's personal experience: In pulmonary phthisis, two-thirds of the fatal cases belong to cheesy pneumonia, and in only one-third of cases is tubercle to be found. It is impossible in our present state of knowledge to assert that miliary tubercle is curable. It is shown by the results of post-mortem examinations (discovery of cicatrices in the apices of the lungs) that cheesy pneumonia, when not complicated with tubercle, can be cured. Pulmonary phthisis, adds Dr. Massini, is frequently a consequence of abdominal typhus; and at Basle, mortality through typhus has considerably diminished since the decrease of cases of abdominal typhus.

Treatment of Gonorrhœa by Tanno-Glycerine Paste.—Dr. Tonowitz, K. K., Regiments Arzt, Austrian Army, reports the successful employment of a modified Schuster's (aix-la-chapelle) tanno-glycerine paste for syphilis and gonorrhœa. His formula is as follows: ℞ Acidi Tannici, ʒss.; Opii Pulveris, gr. iv.; Glycerine, q. s. ut ft. Pasta. Some 50–60 drops of glycerine are requisite to bring the paste to a proper consistency. A sound, or elastic bougie, is dipped into the paste, warmed over a stove or spirit lamp, and, thus smeared, is introduced into the orificium penis to the fossa navicularis, where it is held for five minutes. This operation is repeated three times a-day. In gleet the catheter or bougie is carried back to the bladder, and slowly withdrawn, so as to bring the paste into contact with every surface of the urethra. Even in acute cases the pain is but very slight.

TONSILLITIS CURED BY BARYTA CARBONICA.—Dr. Ransford, in the *British Journal of Homœopathy*, gives several cases of Tonsillitis cured by Baryta Carbonica. In his estimation, the Baryta acts in this disease more promptly, and is more strictly homœopathic than either Belladonna or Mercurius.

PREGNANCY IN THE AGED.—Dr. Meynert has communicated to us the following case, which has fallen under his own observation:

A lady died at the age of eighty-five years, having had four accouchements. The first took place at the age of forty, the second at forty-eight, the third at fifty-one, and the fourth at fifty-six. Five girls were born, of whom three are still living, the two twins being seventy-seven years old, and the youngest child seventy-one years. These three persons, the two eldest of whom have been married, and have several children, still enjoy the most excellent health. —*Lyon Médicale.*

A GERMAN physician, Dr. Leuder, proposes an easy means of ozonizing the air of sick-rooms. He recommends the use of a powder, composed of peroxide of manganese, permanganate of potash, and oxalic acid, which has the property of giving out, in contact with water, an abundance of ozone. For a chamber of middling size he uses about two tablespoonfuls of the powder, over which he pours about one table-spoonful of water every two hours. In this way the quantity of ozone produced is exactly what is wanted; a larger quantity in the air would occasion a cough. All kinds of metals, except gold and platina, must be removed from the room, on account of the oxidizing effects of the ozone.

THE ECHISES SCHOLARIS AND THE GARCINIA MANGOSTANA.—These two new remedies were presented at the late International Exhibition in Vienna. The bark of the first tree is considered a specific remedy against all kinds of fevers. Mr. Gruppe, of Manilla, has extracted from it a bitter principle, called *ditaina*, which he considers better than the sulphate of quinine, and much cheaper. From the fruit of the second, the same chemist has extracted a fluid called Anti-Dysenteric Extract of Garcinia Mangostana. This extract has proved a very valuable remedy in dysentery, chronic diarrhœa, catarrhal affections of the uterus and bladder, and in all affections where astringents are indicated.

ARTIFICIAL FIBRIN FROM THE WHITE OF EGG.—Dr. John Goodman, in a series of articles in the London journals, warmly commends what he calls artificial fibrin as a very nutritious substance, capable of being administered to invalids, under circumstances where other food is not acceptable. It is formed by emptying the albumen or white of the egg into cold water, and allowing it to remain there for twelve or more hours. In this time it undergoes a chemical molecular change, becoming solid and insoluble, assuming an opaque and snowy white appearance. This, and the fluid in which it was immersed, only require to be heated to the boiling point to render the fibrin ready for use. It is easy to digest, and very palatable, and is considered as a great culinary delicacy. It is said that the stomach will retain this, in many cases, when anything else is promptly rejected, its presence creating a craving for more food, and thus promoting, instead of decreasing, the appetite.

AMMONIA IN SNAKE-BITES.—The Indian Government has formally thanked Professor Halford, of Simla, for his able paper on "The Treatment of Snake-Bites, by the Injection of Liquor Ammoniæ into the Veins," and has also decided to reprint Dr. Halford's pamphlet, for general distribution to medical officers in India.

Treatment by this method is now conceded to be the most efficacious yet discovered in cases of poisonous snake-bite.

THE most incredible statement is made by a correspondent of the *London Lancet*, that, in some of the manufacturing districts of England, where women are largely employed, the death-rate among infants under one year old is from 50 to 90 per cent. The cause of this fearful mortality the writer ascribes to the fact that the infants are left at home under the care of ignorant elderly women, who feed them with starch food, as: boiled bread, gruel, ground rice, &c., substances which the infantile stomach cannot digest, and which prove their certain destruction if given in sufficient quantity.

THE BURNETTE PROCESS FOR EMBALMING, or, rather, preserving dead bodies, as given by *The Druggist*, is as follows: "The arteries and veins are thoroughly washed out with cold water, till it issues from the body colorless. This may occupy from two to five hours. Alcohol is then injected to abstract the water. This occupies about fifteen minutes. Ether is next injected to abstract the fatty matters, which it does in from two to ten hours. Finally, the body is dried in a current of warm air passed over heated Chloride of Calcium. This may occupy from two to five hours. The Italians exhibit specimens of bodies preserved by this process, which are as hard as stone, and perfect in form."

THE TEMPERATURE OF THE SEXES: AN INDICATION OF DEVELOPMENT.—Under this caption, Dr. P. Stockton-Hough has published a very valuable paper, showing the most extensive researches in biology. He tabulates his conclusions as follows:

1. That males have, as a rule, from the beginning to the end of life, a higher temperature and a less frequent pulsation of the heart than females; varying, nevertheless, according to temperament, constitution, age, and condition of health.

2. That children at birth, and for a short time subsequently, have a high temperature, which, though slightly slower than that of an adult, nevertheless slowly and gradually declines to a certain point until about the sixth year of age is reached, after which it gradually increases until developmental maturity is reached, when it gradually and slowly declines again as old age (second childhood), advances.

The pulsation of the heart follows just the opposite course, being most frequent when the temperature is lowest, and least frequent when it is highest.

3. That males appear to have a greater variation in temperature than females, thus agreeing with their greater variation in stature and many other peculiarities.

4. From all of which we conclude that the woman approaches more to her condition as a child than the man does, and is consequently less highly developed.

DR. FAVRE communicated to the French Association the results of his observations on Daltonism, or color-blindness, in railroad employes. As physician to the Paris and Lyons Railway Company, he has enjoyed special facilities in studying this question, which has so important a bearing on the safety of the traveling public. In 1196 men, examined between 1864 and 1868, he found 13 cases of insensibility to red rays, and one to green. Seven hundred and twenty-eight men were examined in 1872-1873, who presented 42 more or less clear cases of Daltonism.

Dr. Favre insists on the necessity of frequently examining the engineers, switchmen, and other employes who are charged with displaying and observing signals.

UNILATERAL DEVELOPMENT. — Dr. Ringland communicated to the Dublin Obstetrical Society a remarkable case of this in a young lady, æt. 20, who had never menstruated naturally, but in whom vicarious discharges, at each monthly period, had occurred for more than four years through the bladder, rectum, nose and eyes. The left side of the body was perfectly formed, and developed sexually, while the right was not so. The left breast was normal, the right resembled that of a girl of 12; there was hair on the left side of the pubes, none on the right; the left labium was fully formed, the right almost wanting. The clitoris, vagina and uterus were absent. The left ovary could be felt, the right could not be detected. Sexual desire existed in this case, but a strong opinion as to the inadvisability of marriage was given.

NUTRITIOUS INJECTIONS—A NEW METHOD OF NOURISHING PATIENTS BY THE ANUS.—M. Leube has had the idea of rendering the digestion in the large intestine very active by carrying into this organ, simultaneously, digestible substances and a substance which is digestive. The pancreas of the hog constitutes the latter. The mass to be digested is made in the following manner: Fifty to one hundred grammes of the pancreas of the hog or ox, carefully deprived of its fatty tissue, are chopped fine and mixed with one hundred and fifty to two hundred grammes of beef. The two substances are pounded in a mortar with warm water, a magma being formed which is injected by means of a syringe, the nozzle of which is of large calibre. The injections thus composed have given good results with dogs. A fecal mass is formed after the injections which is quite analogous to the ordinary matters; the fat and the albumen are digested by the large intestine. This method of nutrition has been applied by the author to two patients. In one case there was a cancer of the upper portion of the digestive tube; in the other the patient could not receive any aliment without rejecting it by vomiting. In these cases the pancreatic substances did not cause any diarrhœa; they remained in the intestine for from twelve to thirty-six hours without producing any evacuations, and the patients did not experience any pain. After the injections the stools became more full; but at first the injections were not entirely retained, the patients rejecting a part of the injected mass undigested. This *mélange* is, according to the author, superior to all the substances which are recommended for nourishing by the large intestines.—*Gazette Hebdomadaire* and *La Tribune Médicale.*

A WAX CANDLE IN THE BLADDER OF A FEMALE.—This interesting case was observed a short time ago at the Hôtel Dieu, of Paris. The patient, on admission, complained of intense pain in the abdomen. The urethra, abnormally dilated, easily allowed of the introduction of a finger into the bladder; when there was felt a hard, voluminous body, obviously the cause of the intense pain. The woman then mentioned that, on account of great difficulty in making water, she had passed a candle through the urethra, and had let it fall accidentally into the bladder. Through the extraordinary dilatation of the urethra, pincers were easily passed through the canal, and after some efforts, the candle was caught by the wick and drawn out through the urethra. The end of the candle (which had been rounded by a knife) was seen to be covered with calcareous matter, which had gathered there during the five weeks which the candle had stayed in the bladder. A few days after the extraction, the woman left the hospital perfectly recovered.

News Items.

PROF. CZERMAK, the celebrated physiologist, died at Leipsic, September 15th, 1873.

PROPOSED MONUMENT TO EUSTACHIUS.—The city of Sanseverino-Marche, in Italy, has resolved to erect a monument to its greatest citizen, Bartholomew Eustachius, the great anatomist, philosopher and physician of the sixteenth century.

THE Khedive of Egypt is about to construct a hospital at Emirghin, on the Bosphorus. The institution will, it is said, be a model one of its kind, as regards the plan for the complete separation of the sexes, and of diseases of a contagious nature from others, without interfering with the administration of the establishment.

MORTALITY AMONG CLERGYMEN.—Of 236 clergymen, whose death and ages were reported last year, 7 were over 90 years old, 29 were between 80 and 90, 46 between 70 and 80, 49 between 60 and 70, 61 between 50 and 60, 23 between 40 and 50, 22 between 30 and 40, and 9 between 20 and 30. The average age at death was about 61.

PAPAYA.—The sap of this tree is used in India to make meat tender, and even the exhalations from the tree have the same effect. Assistant Surgeon Gopal Chunder Roy compares the action to that of a ferment, and suggests the administration of a few grains of the dried juice after meals, in cases of indigestion caused by deficient secretion of gastric juice.

THE buildings of the great American Museum of Natural History, in Central Park, New York, under the immediate direction of Prof. Bickmore, have been placed under contract and will furnish accommodation for a very large collection. The section referred to is but a small portion, however, of the contemplated edifice, which, when complete, will cover over fifteen acres, being much the largest establishment of the kind in the world.

ERRATUM.—In the report of the October meeting of the New York Homœopathic Society, "natrum muriaticum," in Dr. Liebold's article, should read "*chinin* muriaticum."

NB 936